

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90157 031 \*\*\*150.00

**DOCUMENT # P95000097303**

1. Entity Name

**OHM GURU SHIVAYA, INC.**

Principal Place of Business

**19199 S. DIXIE HWY  
 MIAMI FL 33157  
 US**

Mailing Address

**19199 S. DIXIE HWY  
 MIAMI FL 33157  
 US**

**905369**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**18547 S.W. 104th Ave**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 972090**

Suite, Apt. #, etc.

City & State

**Miami Florida**

City & State

**Miami Florida**

4. FEI Number

**65-0668272**

Applied For

Not Applicable

Zip

**33157**

Country

**USA**

Zip

**33197**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEW, ANDREW  
 8100 SW 128 22  
 MIAMI FL 33157**

Name

**Andrew Siew**

Street Address (P.O. Box Number is Not Acceptable)

**18547 S.W. 104th Ave.**

City

**Miami**

**FL**

Zip Code

**33157**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Pres**

**1/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
 NAME **SIEW, ANDREW**  
 STREET ADDRESS **8100 SW 178 22**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **Pres / Sec** ☒ Change ☐ Addition  
 NAME **Siew Andrew**  
 STREET ADDRESS **18547 SW 104th Ave**  
 CITY-ST-ZIP **Miami Florida 33157**

TITLE **VP** ☐ Delete  
 NAME **SIEW, DIANNE**  
 STREET ADDRESS **8100 SW 178 22**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **V.P.** ☒ Change ☐ Addition  
 NAME **Siew Dianne**  
 STREET ADDRESS **18547 SW 104th Ave**  
 CITY-ST-ZIP **Miami Florida 33157**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Pres.**

**1/18/2001 305-969-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)