FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT UBR

Aug 20, 2003 8:00 am Secretary of State P96000047483 DOCUMENT # 08-20-2003 90052 001 ***150.00 1. Entity Name BOCA YOGA, INC. Principal Place of Business Mailing Address 450 NE 20TH ST 450 NE 20TH ST #108 #108 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3395511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUĞLIO, JAMES ESQ. Street Address (P.O. Box Number is Not Acceptable) 1367 LYONS ROAD **COCONUT CREEK FL 33063** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE □ Change ☐ Addition PARKER-KRAUSS, MARTHA NAME NAME 23439 MIRABELLA CR SOUTH STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Change Addition TITI F TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 emproyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

12. Thereby 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

ARTHA PARKER-KRAUSS

AHachmen+# 80130360

450 NE 20TH STREET STE 108 BOCA RATON, FLORIDA 33431 561-368-7368

JULY 24, 2003

DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FLORIDA 32314

GENTLEMEN:

I AM HEREWITH REQUESTING A WAIVER OF THE \$ 400.00 PENALTY FOR LATE FILING OF THE UNIFORM BUSINESS REPORT FOR 2003. I NEVER RECEIVED ANY NOTICE PRIOR TO THIS CURRENT ONE AND THEREFORE DID NOT REALIZE THAT ANYTHING WAS DUE.

ENCLOSED IS THE ORIGINAL FILING FEE OF \$ 150.00.

THANK YOU FOR YOUR RECONSIDERATIONS.

SINCERELY,

MArtha pärker-krauss

PRESIDENT