

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 001 \*\*\*150.00

DOCUMENT # P97000078208

1. Entity Name

Namaste' Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4463 Oak View Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. (Same)

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

4. FFI Number

59-3475412

Applied For

Not Applicable

Zip

34232

Country

Sarasota

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jordan L. Wallach, P.A.

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

1800 Second St. - Ste. 900

City

Sarasota, FL

Zip Code

34236

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

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President/Secy./Treasurer  
Susan S. Wallach  
4463 Oak View Dr.  
Sarasota, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan S. Wallach, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-377-2317

Susan S. Wallach, President

CR2E034B (12/01)