

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000003211**

1. Entity Name

HIMALAYA REALTY, LLC

Principal Place of Business

**C/O GREENBERG TRAUIG, P.A.-JUAN LOUMIET
1221 BRICKELL AVE., 21ST FLOOR
MIAMI FL 33131**

Mailing Address

**C/O GREENBERG TRAUIG, P.A.-JUAN LOUMIET
1221 BRICKELL AVE., 21ST FLOOR
MIAMI FL 33131**

2. Principal Place of Business

Mallah, Fierman and Company P.A.

Suite, Apt. #, etc.

1001 Brickell Bay Dr. Suite 1400

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Address

Mallah, Fierman and Company P.A.

Suite, Apt. #, etc.

1001 Brickell Bay Dr. Suite 1400

City & State

Miami, FL

Zip

33131

Country

US

4. FEI Number

65-1152811

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUMIET, JUAN**C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVE., 21ST FLOOR
MIAMI FL 33131**

Name

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

City

FL

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING DIRECTOR	JORGE TCHINNOSEAN	40205 FISHER ISLAND DR.	FISHER ISLAND, FL 33109	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED**02 NOV 12 AM 10:26****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**DEPT
FOR
ACCT
FL**

CR2E083 (4/02)

L01000003211

Brickell Bay Office Tower

1001 Brickell Bay Drive, Suite 1400

Miami, Florida 33131-4938

Dade: 305.371.6200 Broward: 954.728.9844

Fax: 305.371.8726

Mallah, Furman and Company P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Cypress Park West

6700 North Andrews Avenue

Suite 404

Fort Lauderdale, Florida 33309

Phone: 954.938.8001 Fax: 954.938.0907

www.mallahfurman.com

November 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Himalaya Realty LLC
Ref. No.: L01000003211

Dear Sir or Madam:

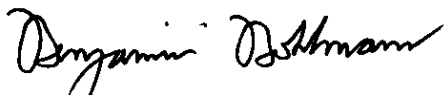
We are responding on behalf of the above named entity to your letter dated October 11, 2002 (copy enclosed) regarding the entity's filing of its 2002 Uniform Business Report. The letter requests the name, title and business address of each managing member. That information is shown on the attached Uniform Business Report and repeated below:

Mr. Jorge Tchinnosian
40205 Fisher Island Drive
Fisher Island, FL 33109

On behalf of Himalaya Realty LLC, we respectfully request you update your records to include the above information and that you complete the processing of the company's 2002 Uniform Business Report. Should you have any questions or require additional information, please contact me.

Yours very truly,

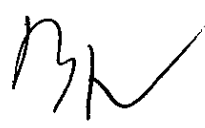
MALLAH, FURMAN AND COMPANY, P.A.



Benjamin D. Bohlmann

BDB/nca
Enclosures

Cc: Mr. Jorge Tchinnosian



FILED
02 NOV 12 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA