

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90065 011 \*\*\*\*50.00

**DOCUMENT # L01000003211**

1. Entity Name

**HIMALAYA REALTY, LLC**



Principal Place of Business

Mailing Address

**C/O MALLAH. FORMAN AND COMPANY. P.A.  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI FL 33131**

**C/O MALLAH. FORMAN AND COMPANY. P.A.  
1001 BRICKELL BAY DRIVE, SUITE 1400  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1152811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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  
**Peninsula Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Boulevard**

**43rd Floor**

City  
**Miami**

**FL**

Zip Code  
**33131**

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.

By: **Peninsula Registered Agents, Inc.**

SIGNATURE: **Debra Palmisano**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TCHINNOSIAN, JORGE  
40205 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109** ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

**02/04/03 305-538-0887**

Date

Daytime Phone #

CR2E083 (10/02)