

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34908

1. Entity Name

EVEREST CRICKET CLUB, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90147 034 ****61.25

Principal Place of Business
~~10701 APPALACHIAN TRAIL~~ 4308 Jefferson ST.
~~DAVIE FL 33325~~ Hollywood
~~US~~ FL 33021

Mailing Address
 4308 Jefferson St
 6281 S.W. 5TH PL
 FORT LAUDERDALE FL 33317
 US FL 33021

2. Principal Place of Business
 4308 Jefferson ST

3. Mailing Address
 4308 Jefferson ST

Suite, Apt. #, etc.

City & State
 Hollywood FL

City & State
 Hollywood FL

Zip 33021 Country US

Zip 33021 Country US

4. FEI Number 65-0151680

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMCHARITAR, NARINE
 13761 APPALACHIAN TR
 DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Sheikh M. Mohamed

Street Address (P.O. Box Number is Not Acceptable)
 4308 Jefferson Street

City Hollywood FL Zip Code 33021

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 *Sheikh M Mohamed DP*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 5/1/01

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOHAMED, SHEIK 13761 APPALACHIAN TRAIL DAVIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMCHARITAR, NARINE 13761 APPALACHIAN TRAIL DAVIE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, SHAIKH M 2099 SW 139 AVE DAVIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4308 Jefferson ST. Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Vashas Sukhwa 6281 SW 5th Place Plantation, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

5/1/01 (954) 846-4887

CR2E037 (10/00)