2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Banker Adam

P01000112672 **DOCUMENT #**

1. Entity Name

Deignalization of Decisions

HIMALAYAN HANDICRAFTS CORPORATION



FILED Apr 25, 2003 8:00 am Secretary of State

6179 SAVANN LAKE WORTH		Mailing Address 6179 SAVANNAH WAY LAKE WORTH FL 33463				
<u> </u>	Place of Business	3, Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc. FORUM PLACE		☐ CHECK HERE IF MAKING CHANGES		
City & State		WEST PALM BEACH FL		4. FEI Number 65-1155580	Applied For Not Applicable	
Zip	Country	^{Zip} 33401	Country		8.75 Additional se Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
NEDAL PRAMERA			Name NEPAL BIMAL KUMAR			
NEPAL, BIMAL KUMAR			Street Address (P.O. Box Number is Not Acceptable)			
2526 10TH AVE. NORTH, #101N						
LAKE WORTH FL 33461-3110			1671 FORUM PLACE			
			City W PC	T PACM BEACH FL	Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its			niliar with, and accept	
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						
OIGHWH OILE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
	DLI		TITLE		Change Addition	
TITLE	PM	☐ Delete		•		
NAME	NEPAL, BIMAL KUMAR	L_I Delete	NAME		{ :	
NAME STREET ADDRESS	NEPAL, BIMAL KUMAR 6179 SAVANNAH WAY	∟ Delete	STREET ADDRESS	· .		
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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 607, 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. MALNERE 04/23/03 (521)7045579 Managing Divetor SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR