

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-23-2003 90190 044 ***150.00

DOCUMENT # P02000038617 1. Entity Name EVEREST GALLERY CORPORATION		 F	
Principal Place of Business 6179 SAVANNAH WAY LAKE WORTH FL 33463		Mailing Address 6179 SAVANNAH WAY LAKE WORTH FL 33463	
2. Principal Place of Business SONAMA SPRING CIRCLE		3. Mailing Address 7904 SONAMA SPRING CIRCLE	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303	
City & State LAKE WORTH		City & State LAKE WORTH, FL	
Zip 33463 Country USA		Zip 33463 Country USA	
4. FEI Number 02-0663319		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES 02-0663319	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 4 ST #200 MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent Name HARIBOL BHANDARI Street Address (P.O. Box Number is Not Acceptable) 7904 SONAMA SPRING CIRCLE #303 City LAKE WORTH FL Zip Code 33463	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 04-16-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHANDARI, HARIBOL 8179 SAVANNAH WAY LAKE WORTH FL 33463	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 04-16-03 <small>Daytime Phone #</small>	

CR2034 (10/02)