

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016595

1. Entity Name

HIMALAYAN WORLDWIDE, INC.

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90002 036 \*\*\*550.00

Principal Place of Business

Mailing Address

12000-4TH STREET. N.  
THUNDERBAY APARTMENTS. APT. 411  
ST. PETERSBURG FL 33716

12000-4TH STREET. N.  
THUNDERBAY APARTMENTS. APT. 411  
ST. PETERSBURG FL 33716-1788

2. Principal Place of Business

3. Mailing Address

315 E. LAKE CLUB

Suite, Apt. #, etc.

DRIVE

City & State

OLDSMAR, FL

Zip

Country

34677

USA

4. FEI Number

59-3494306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THUNDATHIL, SUNIL J

12000-4TH STREET, N.  
THUNDERBAY APARTMENTS, APT 411  
ST. PETERSBURG FL 33716

Name

THUNDATHIL SUNIL J.

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

315 E LAKE CLUB PR.

City

OLDSMAR

FL

Zip Code

34677

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

*Sunil Thundathil*

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

(NOTE: Registered Agent signature required when reinstating)

5/03/00

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THUNDATHIL, SUNIL J  
CITY-ST-ZIP 12000-4TH ST. N., THUNDERBAY APTS., #411  
ST. PETERSBURG FL 33716

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Sunil Thundathil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/03/00

Date

727-772-0810

Daytime Phone #