

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000066704**

1. Entity Name

EUROPEAN GALLERY, INC.**FILED****Jan 26, 2000 8:00 am
Secretary of State**

01-26-2000 90039 038 ***150.00

Principal Place of Business 8001 S. ORANGE BLOSSOM TRAIL SUITE 1258 ORLANDO FL 32809	Mailing Address 8001 S. ORANGE BLOSSOM TRAIL SUITE 1258 ORLANDO FL 32809-7654
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608813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3587363	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WEATHERFORD, WILLIAM P JR.
1031 W. MORSE BLVD.
SUITE 105
WINTER PARK FL 32789**
7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BACHWANI, JAYESH		NAME	
STREET ADDRESS 8001 S. ORANGE BLOSSOM TRAIL, SUITE 1258		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRPURI, RESHMA		NAME	
STREET ADDRESS 8001 S. ORANGE BLOSSOM TRAIL, SUITE 1258		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME HARISH MIRPURI	
STREET ADDRESS		STREET ADDRESS 8001 S. ORANGE BLOSSOM TRAIL #1258	
CITY-ST-ZIP		CITY-ST-ZIP ORLANDO, FL 32809	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

HARISH MIRPURI / TREASURER 1-18-2000 (40) 438-5339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #