

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-11-2002 90025 021 ****61.25

DOCUMENT # N01000002383

1. Entity Name

THE KARELIANS OF FINLAND HOUSE, INC.

Principal Place of Business C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462	Mailing Address C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1155073		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHOLION, CHRISTIAN 505 FLAGLER DR, STE 400 W PALM BEACH FL 33401				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUCHY, MARITTA			NAME	AMPUJA, Helvi		
STREET ADDRESS	2550 RAY CT			STREET ADDRESS	1473 Cochran Drive		
CITY-ST-ZIP	LANTANA FL 33462			CITY-ST-ZIP	LAKE WORTH 33461 Florida		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TASKINEN, OSMO			NAME			
STREET ADDRESS	2840 LAKE OSBORNE DR, 15-108			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUOMINEN, PAAVO			NAME			
STREET ADDRESS	7030 HALF MOON CIR, APT 418			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUXO FL 33462-5433			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRONDELIUS, AIMO			NAME			
STREET ADDRESS	3160 LAKE OSBORNE DR, 6-111			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTIS, PAULI			NAME	PORSTI, PAULI		
STREET ADDRESS	8143 AMBACH WAY			STREET ADDRESS	8143 AMBACH WAY		
CITY-ST-ZIP	HYPOLUXO FL 33462			CITY-ST-ZIP	HYPOLUXO FL 33462		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOKINEN, EILA			NAME			
STREET ADDRESS	319 SOUTH B ST, APT 2			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33460			CITY-ST-ZIP			

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 *Pauli Porsti* Date: *02/21-02* Daytime Phone #: *561-508-6940*

PAULI PORSTI, VP

CR2E037 (9/01)