

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90048 011 \*\*\*150.00

**DOCUMENT # P99000053780**  
 1. Entity Name  
**JACURA FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**10 OCEAN PLACE**      **10 OCEAN PLACE**  
**HIGHLAND BEACH FL 33487**      **HIGHLAND BEACH FL 33487-4238**

00066190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**10 Ocean Place**      **10 Ocean Place**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Highland Beach FL**      **Highland Beach FL**  
 Zip      Zip      Country      Country  
**33487**      **33487**      **USA**      **USA**

4. FEI Number      Applied For  
**65-0943702**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (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.   
**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

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Teppo Uuranniemi</b>	
STREET ADDRESS	<b>10 Ocean Place</b>	
CITY-ST-ZIP	<b>Highland Beach FL 33487</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>Heidi Uuranniemi</b>	
STREET ADDRESS	<b>10 Ocean Place</b>	
CITY-ST-ZIP	<b>Highland Beach FL 33487</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Tuula Uuranniemi</b>	
STREET ADDRESS	<b>10 Ocean Place</b>	
CITY-ST-ZIP	<b>Highland Beach FL 33487</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Tuula Uuranniemi      2-10-00      912-226-7337  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)