

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738333

1. Entity Name

ELEVEN ELEVEN, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90062 026 ****61.25

Principal Place of Business

Mailing Address

C/O HEIKKI PERTTU
307 BURTON ST.
FAIRPORT HARBOR OH 44077

C/O HEIKKI PERTTU
307 BURTON ST.
FAIRPORT HARBOR OH 44077-5554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 Marianne Parssinen
Suite, Apt. #, etc.
4501 Arlington Blvd #519

40 M. Parssinen
Suite, Apt. #, etc.
4501 Arlington Blvd #519

City & State
Arlington, VA 2

City & State
Arlington VA

Zip
22203

Country

Zip
22203

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMMI, EDWIN W.
508 LUCERNE AVENUE
LAKE WORTH FL 33460

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

Edwin W. Lammi, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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 PD ☒ Delete
NAME HEIKKI PERTTU
STREET ADDRESS APT. 3, NO. FEDERAL 1111
CITY-ST-ZIP LAKE WORTH FL

TITLE PD ☐ Change ☒ Addition
NAME Jeffrey Snook
STREET ADDRESS 896 N Federal Hwy #424
CITY-ST-ZIP Lantana, FL 33462

TITLE VD ☐ Delete
NAME PARSSINEN, ARVID
STREET ADDRESS 4501 ARLINGTON BLVD., #519
CITY-ST-ZIP ARLINGTON VA

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

TITLE SD ☐ Delete
NAME PARSSINEN, MARIANNE
STREET ADDRESS 4501 ARLINGTON BLVD., #519
CITY-ST-ZIP ARLINGTON VA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

703-838-3265

Daytime Phone #

CR2E 337 (9/99)