

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90228 037 ****61.25

DOCUMENT # 750066

1. Entity Name

KARINA APARTMENTS, INC.

Principal Place of Business

Mailing Address

~~958 S DIXIE HWY~~
~~LANTANA FL 33462~~
 US

~~958 S DIXIE HWY~~
~~LANTANA FL 33462~~
 US

UUUUUU13



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

934 S. Dixie Hwy

3. Mailing Address

934 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Lantana FL

4. FEI Number

59-2033264

Applied For

Not Applicable

Zip

Country

33462 USA

Zip

Country

33462 USA

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

JAAKKOLA, ANNE

~~958 S DIXIE HWY~~
~~LANTANA FL 33462~~

Name

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

934 S. Dixie Hwy

City

Lantana

FL

Zip Code

33462

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

4/30/01

**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: ~~LOPONEN, EINO~~
 STREET ADDRESS: ~~510 24TH AVE N #402~~
 CITY-ST-ZIP: ~~LAKE WORTH FL 33460~~

TITLE: ~~DT~~ Change Addition
 NAME: KARI REPO
 STREET ADDRESS: 4662 COCONUT RD.
 CITY-ST-ZIP: LAKE WORTH FL 33461

TITLE: VPD Delete
 NAME: ARPONEN, KARI
 STREET ADDRESS: 1809 NORTH N ST
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

TITLE: ~~STD~~ Delete
 NAME: ~~NIEMI, OSUI~~
 STREET ADDRESS: ~~510 24TH AVE N #104~~
 CITY-ST-ZIP: ~~LAKE WORTH FL 33460~~

TITLE: ~~DP~~ Change Addition
 NAME: KRISTINA DUNKLELLMAN
 STREET ADDRESS: 510 24TH AVE. NO.
 CITY-ST-ZIP: LAKE WORTH FL 33460

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

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

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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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

4/30/01

Date

Daytime Phone #

CR2E037 (10/00)