

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002347

1. Entity Name

FINLANDIA VODKA AMERICAS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90062 047 \*\*\*150.00

Principal Place of Business  
9200 SOUTH DADELAND BLVD., SUITE 402  
MIAMI FL 33156

Mailing Address  
9200 SOUTH DADELAND BLVD., SUITE 402  
MIAMI FL 33156-2712

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3164978

Applied For  
Not Applicable

Zip Country Zip Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 C  
NAME KERANEN, ANTTI  
STREET ADDRESS TALLVERGINKATU 2A FIN-00180  
CITY-ST-ZIP HELSINKI, FINLAND ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS SALHISAPPUURANTA 7  
CITY-ST-ZIP 00180 HELSINKI FINLAND

TITLE D  
NAME KASURINEN, VEIKKO  
STREET ADDRESS TALLVERGINKATU 2A FIN-00180  
CITY-ST-ZIP HELSINKI, FINLAND ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS SALMISAPPUURANTA 7  
CITY-ST-ZIP

TITLE PD  
NAME BRANDES, CHESTER  
STREET ADDRESS 90 ROCKEFELLER PLAZA SUITE 4300  
CITY-ST-ZIP NEW YORK NY 10112 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 30 ROCKEFELLER PLAZA, SUITE 4300  
CITY-ST-ZIP

TITLE S  
NAME SILIBIGER, THOMAS  
STREET ADDRESS 430 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)