

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L25547**

1. Entity Name

INVEST GROUP, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90073 001 ***150.00

Principal Place of Business

**7894 MANOR FOREST BLVD
BOYNTON BCH FL 33462
US**

Mailing Address

**7894 MANOR FOREST BLVD
C/P TAMPIO ANTILA
BOYNTON BCH FL 33436-8809
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0182196

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

**ANTILA, TAPIO
7894 MANOR FOREST BLVD.
BOYNTON BEACH FL 33462**

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

TITLE ☐ Delete

**PD
KYROLA, JUKKA
7894 MANOR FOREST BLVD.
BOYNTON BEACH FL**

TITLE ☐ Delete

**STD
ANTILA, TAPIO
7894 MANOR FOREST BLVD.
BOYNTON BEACH FL 33462**

TITLE ☐ Delete

**VP
VELI-MATTI, KYROLA
7894 MANOR FOREST BLVD.
BOYNTON BEACH FL 33462**

TITLE ☐ Delete

**D
KYROLA, KARI-PEKKA
7894 MANOR FOREST BLVD.
BOYNTON BEACH FL 33462**

TITLE ☐ Delete

**STREET ADDRESS
CITY- ST- ZIP**

TITLE ☐ Delete

**STREET ADDRESS
CITY- ST- ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE ☐ Change ☐ Addition

**NAME
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CITY- ST- ZIP**

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TITLE ☐ Change ☐ Addition

**NAME
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CITY- ST- ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY- ST- ZIP**

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

**TAPIO ANTILA
SECRETARY**

Date

Daytime Phone #

1/10/2000 (SGL) 642-9194

CR2F034 (9/99)