

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90025 021 \*\*\*\*61.25

**DOCUMENT # N01000002383**

1. Entity Name

**THE KARELIANS OF FINLAND HOUSE, INC.**

Principal Place of Business <b>C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462</b>	Mailing Address <b>C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1155073</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHOLION, CHRISTIAN 505 FLAGLER DR, STE 400 W PALM BEACH FL 33401</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 \_\_\_\_\_

**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	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUCHY, MARITTA</b>	NAME	<b>AMPUJA, Helvi</b>
STREET ADDRESS	<b>2550 RAY CT</b>	STREET ADDRESS	<b>1473 Cochran Drive</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	CITY-ST-ZIP	<b>LAKE WORTH 33461 Florida</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TASKINEN, OSMO</b>	NAME	
STREET ADDRESS	<b>2840 LAKE OSBORNE DR, 15-108</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUOMINEN, PAAVO</b>	NAME	
STREET ADDRESS	<b>7030 HALF MOON CIR, APT 418</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HYPOLUXO FL 33462-5433</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRONDELIUS, AIMO</b>	NAME	
STREET ADDRESS	<b>3160 LAKE OSBORNE DR, 6-111</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTIS, PAULI</b>	NAME	<b>PORSTI, PAULI</b>
STREET ADDRESS	<b>8143 AMBACH WAY</b>	STREET ADDRESS	<b>8143 AMBACH WAY</b>
CITY-ST-ZIP	<b>HYPOLUXO FL 33462</b>	CITY-ST-ZIP	<b>HYPOLUXO FL 33462</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOKINEN, EILA</b>	NAME	
STREET ADDRESS	<b>319 SOUTH B ST, APT 2</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	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: PAULI PORSTI, VP SIGNATURE REQUIRED Pauli Porsti Date 02/21-02 Daytime Phone # 561-508-6940

CR2E037 (9/01)