

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001445

1. Entity Name

FINLANDIA DAYS, INC.

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

07-28-2000 90150 014 ****61.25

Principal Place of Business

2097 CIRCLE PLACE
LANTANA FL 33462

Mailing Address

POST OFFICE BOX 969
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

2097 CIRCLE PLACE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lantana

City & State

City & State

FL

4. FEI Number

65-0759159

Applied For

Not Applicable

Zip

Country

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

SCHOLIN, CHRISTIAN N
224 DATURA STREET STE 1100
WEST PALM BEACH FL 33401

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	KALERVO, KAARLO A	
STREET ADDRESS	2097 CIRCLE PLACE DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALERVO, KAIJA R	
STREET ADDRESS	2097 CIRCLE PLACE DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNUTS, MAIRE	
STREET ADDRESS	2207 SW 20TH WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARVI, DAVID	
STREET ADDRESS	461 N.E. 46TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVUOTO, ANNELI	
STREET ADDRESS	1219 PALAMA WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAARI, ULLA	
STREET ADDRESS	6804 TRADEWINDS DR	
CITY-ST-ZIP	LAKE WORTH FL 33462	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kaarlo A. Kalervo **KAARLO A. KALERVO** 7/24/00 (561) 586-3713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)