

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003466

1. Entity Name

FINLANDIA WEEK, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90012 005 ****61.25

Principal Place of Business

Mailing Address

505 S FLAGLER DR. STE 1001
 WEST PALM BEACH FL 33401

505 S. FLAGLER DR. STE 1001
 WEST PALM BEACH FL 33401-5949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

505 South Flagler Drive 505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

U.S.A.

33401

U.S.A.

4. FEI Number

65-0844029

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

SCHOLIN, CHRISTIAN N.
 505 S FLAGLER DR, STE 1001
 WEST PALM BEACH FL 33401

Name

Christian N. Scholin

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

505 South Flagler Drive

Suite 400

City

West Palm Beach

FL

Zip Code

33401

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

CHRISTIAN N. SCHOLIN

3/23/00

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

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 ☒ Delete
 NAME KUUTTI, TOM
 STREET ADDRESS 1784 N CONGRESS AVE
 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
 NAME DIRKO VENETSOKI
 STREET ADDRESS 1024 SO. PALM WAY
 CITY-ST-ZIP LAKE WORTH FLA 33460

TITLE D ☒ Delete
 NAME JOKELA, ESA
 STREET ADDRESS 1 LOCHWICK RD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
 NAME KARI KONNOS
 STREET ADDRESS 2668 N. GARDEN DR.
 CITY-ST-ZIP LAKE WORTH 33461

TITLE D ☐ Delete
 NAME PURANEN, JORMA
 STREET ADDRESS 1085 WYNNDAL WAY
 CITY-ST-ZIP LANTAN FL 33462

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

TITLE D ☐ Delete
 NAME KALENIUS, EERO
 STREET ADDRESS 915 LEHTO LANE
 CITY-ST-ZIP LAKE WORTH FL 33461

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

TITLE D ☐ Delete
 NAME NYHOLM, HANS
 STREET ADDRESS 1127 S FEDERAL HWY
 CITY-ST-ZIP LAKE WORTH FL 33460

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27-2000 561-586-4989

Date

Daytime Phone #

CR2E037 (9/99)