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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
05-21-2001 90351 001 ****61.25

DOCUMENT # N98000003466

1. Entity Name
FINLANDIA WEEK INC.

Principal Place of Business
FLORIDA NON-PROFIT
FINLANDIA WEEK INC.

Mailing Address
505 S. FLAGLER DR
SUITE 400
W. PALM BEACH FL 33401 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FINLANDIA WEEK INC.
Suite, Apt. #, etc.
P.O. BOX 3354
City & State
LANTANA
Zip 33462 Country USA

3. Mailing Address
896 N. FEDERAL
Suite, Apt. #, etc.
528
City & State
LANTANA
Zip 33462 Country USA

4. FEI Number
650844029
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHOEN, CHRISTIAN
505 S FLAGLER DR
STE 400
WEST PALM BEACH FL. 33401

7. Name and Address of New Registered Agent
Name TARVAINEN, ANITA
Street Address (P.O. Box Number is Not Acceptable)
896 N. FEDERAL HWY # 528
City LANTANA FL Zip Code 33462

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 _____ ANITA TARVAINEN 4-28-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VENETJOKI, PIRKKO 1024 S. PALM WAY LAKEWORTH FL. 33460	☒ Delete	TITLE D NAME TARVAINEN, ANITA STREET ADDRESS 896 N. FEDERAL HWY # 528 CITY-ST-ZIP LANTANA., FL. 33462	☐ Change	☒ Addition PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KONNOS, KARI 2668 N. GARDEN DR LAKEWORTH FL 33461	☒ Delete	TITLE D NAME VILEEN, BRIAN STREET ADDRESS 20 PEPPERWOOD CT. CITY-ST-ZIP BOYNTON BEACH., FL.	☐ Change	☒ Addition VICE PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PURANEN, JORMA 1085 WYNN LANE WAY LANTANA, FL. 33462	☒ Delete	TITLE D NAME MAENNENA, ELSI STREET ADDRESS 2601 BOUNDBROOK BLVD #204 CITY-ST-ZIP W. PALM BEACH., FL. 33406	☐ Change	☒ Addition TREASURER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KALENIUS, EERO 915 LEHTO LANE LAKEWORTH FL. 33461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SEEBERG, SUVI 890 N. FEDERAL HWY # 405 LANTANA., FL. 33462	☐ Change	☒ Addition SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NYHOLM, HANS 1127 S. FEDERAL HWY LAKEWORTH, FL. 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SANKAMO, HARRI 2601 BOUNDBROOK BLVD # 204 W. PALM BEACH., FL 33406	☐ Change	☒ Addition BOARD MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP KOIVUHARJU, JYRKI 1014 S. 'N' ST LAKEWORTH., FL 33460	☐ Change	☒ Addition BOARD MEMBER

CR2E037 (11/00)

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: _____ 4-28-01 561-588-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANITA TARVAINEN