2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
07-10-2002 90184 025 ****61.25

DOCUMENT # N98000003466

1. Entity Name

FINLANDIA WEEK, INC.

Principal Place of Business	Mailing Address
FINLANDIA WEEK INC. P.O. BOX 3354 LANTANA FL 33462 US	896 N FEDERAL # 528 LANTANA FL 33462 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 3354	630 NORTH PALM WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LANTANA	City & State: LAKEWORTH, FL
Zip: 33465 Country: PALM BEACH	Zip: 33460 Country: PALM BEACH

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

TARVAINEN, ANITA
896 N FEDERAL HWY
528
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name: E. MAENNENA
Street Address (P.O. Box Number is Not Acceptable): 630 NORTH PALM WAY
City: LAKEWORTH **FL** Zip Code: 33460

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: Elsi Maennena ELSI MAENNENA PD 06-20-02
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	DP TARVAINEN, ANITA 896 N FEDERAL HWY # 528 LANTANA FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAENNENA, ELSI 630 NORTH PALM WAY LAKEWORTH FL. 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VILEEN, BRAIN 20 PEPPERWOOD CT BOYNTON BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANKAMO HARRI 630 NORTH PALM WAY LAKEWORTH FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAENNENE, ELSI 2601 BOUNDBROOK BLVD. # 204 WEST PALM BEACH FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KOIVUHARJU, JYRKI 6289 LEAR DR # 204 LANTANA, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEEBERG, SUVI 890 N FEDERAL HWY # 405 LANTANA FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ART, SEPPALA 417 N.E ST LAKEWORTH FL. 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SAKANO, HARRI 2601 BOUNDBROOK BLVD. # 204 WEST PALM BEACH FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM RAIMO, KARJALAINEN 1502 LAKESIDE DR S LAKEWORTH FL. 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM KOIVOHARJU, JYRKI 1014 S "N" ST LAKE WORTH FL 33460	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: ELSI MAENNENA PD 06-20-02 561-582-6564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #