

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90144 039 \*\*\*\*61.25

**DOCUMENT # N98000003466**

1. Entity Name  
**FINLANDIA WEEK, INC.**



Principal Place of Business

P.O. BOX 3354  
LANTANA FL 33465  
US

Mailing Address

630 N PALM WAY  
LAKE WORTH FL 33460  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0844029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAENNENA, E**  
**630 N PALM WAY**  
**LAKE WORTH FL 33460**

Name **HARRI SANKAMO**

Street Address (P.O. Box Number is Not Acceptable)  
**630 N. PALM WAY**

City **LAKE WORTH** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **PRESIDENT**

**5-19-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete  
NAME **MAENNENA, ELS**  
STREET ADDRESS **630 N PALM WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **DP** ☒ Change ☐ Addition  
NAME **HARRI SANKAMO**  
STREET ADDRESS **630 N. PALM WAY**  
CITY-ST-ZIP **LAKE WORTH, FL, 33460**

TITLE **VPD** ☒ Delete  
NAME **SANKAMO, HARRI**  
STREET ADDRESS **630 N PALM WAY**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **JYRKI KOIVUJARJU**  
STREET ADDRESS **6289 LEAR DR #204**  
CITY-ST-ZIP **LAKE WORTH, FL, 33462**

TITLE **DT** ☒ Delete  
NAME **KIOVUJARJU, JYRKI**  
STREET ADDRESS **6289 LEAR DR #204**  
CITY-ST-ZIP **LAKE WORTH FL 33462**

TITLE **DT** ☒ Change ☐ Addition  
NAME **ELSI MAENNENA**  
STREET ADDRESS **630 N. PALM WAY**  
CITY-ST-ZIP **LAKE WORTH, FL, 33460**

TITLE **S** ☒ Delete  
NAME **ART, SEPPALA**  
STREET ADDRESS **417 NE ST**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **S** ☐ Change ☐ Addition  
NAME **ART SEPPALA**  
STREET ADDRESS **417 N. K ST**  
CITY-ST-ZIP **LAKE WORTH, FL, 33460**

TITLE **BM** ☒ Delete  
NAME **RAIMO, KARJALAINEN**  
STREET ADDRESS **1502 LAKESIDE DR S**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **BM** ☐ Change ☐ Addition  
NAME **RAIMO KARJALAINEN**  
STREET ADDRESS **1502 LAKESIDE DR S**  
CITY-ST-ZIP **LAKE WORTH, FL, 33460**

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]* **HARRI SANKAMO** **5-19-03** **561 547-5107**

CR2E037 (10/02)