

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003655

1. Entity Name

MISSION PRESS SOCIETY, INC.

Principal Place of Business

1510 HIGH RIDGE RD.
LAKE WORTH FL

Mailing Address

1510 HIGH RIDGE RD.
LAKE WORTH FL 33461-6055

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIEMINEN, LAURI
800 NOTTINGHAM BLVD.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

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

Lauri Nieminen PD LAURI NIEMINEN

4.15.00

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

TITLE PD
NAME NIEMINEN, LAURI
STREET ADDRESS 800 NOTTINGHAM BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE VPD
NAME AHONEN, ERKKI
STREET ADDRESS 54-3150 E. 58TH AVE.
CITY-ST-ZIP VANCOUVER, B.C. V5S 3S9 CANADA ☐ Delete

TITLE VPD
NAME MYRRA, LEEVI
STREET ADDRESS 215-3400 MARINE DR..
CITY-ST-ZIP VANCOUVER, B.C. V5S 3S9 CANADA ☐ Delete

TITLE SD
NAME RANTANEN, JAAKKO
STREET ADDRESS APT. 203-500 1ST AVE. SO.
CITY-ST-ZIP LAKE WORTH FL 33460 ☒ Delete

TITLE TD
NAME NIEMINEN, SEIJA
STREET ADDRESS 800 NOTTINGHAM BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE ATD
NAME SAKARA, KEIJO
STREET ADDRESS 1304-220 11TH ST.
CITY-ST-ZIP NEW WESTMINSTER BC CANADA ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☒ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Lauri Nieminen* LAURI NIEMINEN 4.15.00 561-582-9026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)