

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006538

1. Entity Name

THE FINNISH-AMERICAN CHAMBER OF COMMERCE OF FLOR

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90064 006 ****61.25

Principal Place of Business	Mailing Address
C/O FINNISH CONSULATE 521 LAKE AVENUE SUITE 5 LAKE WORTH FL 33460	C/O FINNISH CONSULATE 521 LAKE AVENUE SUITE 5 LAKE WORTH FL 33460-3847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
505 South Flagler Drive Suite, Apt. #, etc. Suite 400	505 S. Flagler Drive Suite, Apt. #, etc. Suite 400
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country U.S.A.

4. FEI Number 65-0956361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
 505 SOUTH FLAGLER DRIVE
 SUITE 1001
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
 Christian N. Scholin
 Street Address (P.O. Box Number is Not Acceptable)
 505 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOKELA, ESA 1 LOCHWICK ROAD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, HELI A 521 LAKE AVENUE SUITE 5 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVENNOIMEN, JOUNI J 525 SOUTH FLAGLER DR. SUITE 100 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALTONEN, TYTTI 1340 NEPTUNE DRIVE BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIKLUND, SAKRI A 465 GREYNOLDS CIRCLE LANTANA FL 33465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Helena Schultz **REQUIREMENTS** FLA. Schultz 5/1/00 561-547-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)