

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90116 042 ***150.00

DOCUMENT # P00000019077

1. Entity Name

DELTAMARIN ENGINEERING, INC.

Principal Place of Business

**5440 NW 33RD AVENUE
 STE 111-113
 FORT LAUDERDALE FL 33309**

Mailing Address

**5440 NW 33RD AVENUE
 STE 111-113
 FORT LAUDERDALE FL 33309**

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

65-0999395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLEY, MICHAEL R
 2000 GLADES RD., SUITE 208
 BOCA RATON FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AARNIO, MARKUS	
STREET ADDRESS	811 CORAL CLUB DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VEIKKO LAITERA, JUKKA	
STREET ADDRESS	ETELASALMENTIE 7	
CITY-ST-ZIP	KUUSISTO, FINLAND 21260	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALEVI KANERVA, MARKKO	
STREET ADDRESS	ANKKURTIE 7	
CITY-ST-ZIP	NAANTALI, FINLAND 21100	
TITLE	S	<input type="checkbox"/> Delete
NAME	OSKAR BJORKMAN, ALF	
STREET ADDRESS	RUONANKATL 8	
CITY-ST-ZIP	NAANTALI, FINLAND 21100	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSKAR BJORKMAN, ALF	
STREET ADDRESS	RUONANKATL 8	
CITY-ST-ZIP	NAANTALI, FINLAND 21100	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARNIO, MARKUS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Markus Aarnio **AARNIO**

4/22/02

(954) 733 2525

CR2E034 (9/01)