

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053370

1. Entity Name

FINNISH GRANITE GROUP, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90068 023 ***150.00

Principal Place of Business

Mailing Address

~~1305 POINSETTIA DR~~
~~BAY 8~~
~~DELRAY BEACH FL 33434~~

1305 POINSETTIA DR
BAY 8
DELRAY BEACH FL 33426-0404

2. Principal Place of Business

1340 Neptune Drive

3. Mailing Address

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip
33426

Country
P.B.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0426183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAADETDIN, TARIK

7350 ~~4420 NE 5 AVE~~ ESTRELLA CT
BOCA RATON FL ~~33431~~
33433

Name

Street Address (P.O. Box Number is Not Acceptable)

7350 ESTRELLA CT

City

BOCA RATON

FL

Zip Code

33433

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SAADETDIN, TARIK
4420 NE 4 AVE
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SAADETDIN, TARIK
7350 ESTRELLA CT
BOCA RATON, FL 33433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KOIVUNIEMI, HANNU
613 ATLANTIC DR.
LANTANA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6 2000

561 274 8010

CR2E034 (9/99)