

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076745

1. Entity Name

UNIFRAME MARKETING CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90083 001 ***150.00

Principal Place of Business

Mailing Address

505 S. FLAGLER DRIVE
1001
WEST PALM BEACH FL 33401

505 S. FLAGLER DRIVE
1001
WEST PALM BEACH FL 33401-5949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 400

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 400

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

4. FEI Number

65-0452831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 S. FLAGLER DRIVE
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 South 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KARSISTO, ANTTI	
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 1001	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karsisto, Antti	
STREET ADDRESS	505 South Flagler Drive, Suite 400	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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

Antti Karsisto

Date

4/25/00

561/655-7711

Daytime Phone #

CR2E034 (9/99)