

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064045

1. Entity Name

ATLANTIC FULCRUM, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90013 035 ***150.00

Principal Place of Business

Mailing Address

6332 LANTANA PINES CIRCLE
LANTANA FL 33462

6332 LANTANA PINES CIRCLE
LANTANA FL 33462-2565

2. Principal Place of Business

5112 ARBOR GLEN CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

5112 ARBOR GLEN CIRCLE

Suite, Apt. #, etc.

LU0064045



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH

City & State

4. FEI Number

65-0535931

Applied For

Not Applicable

Zip

33463

Country

FL

Zip

33463

Country

FL

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

HYVARINEN, JUHA
6332 LANTANA PINES CIRCLE
LANTANA FL 33462

Name

HYVARINEN JUHA

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

5112 ARBOR GLEN CIRCLE

City

LAKE WORTH

FL

Zip Code

33463

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

Juha Hyvarinen

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

(NOTE: Registered Agent signature required when reinstating)

4/5/00

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	PD HYVARINEN, JUHA 6332 LANTANA PINES CIRCLE LANTANA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HYVARINEN, SUVI 6332 LANTANA PINES CIRCLE LANTANA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUHA HYVARINEN 5112 ARBOR GLEN CIRCLE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SUVI HYVARINEN 5112 ARBOR GLEN CIRCLE LAKE WORTH, FL 33463	<input checked="" 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

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:

Juha Hyvarinen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

9052416

Daytime Phone #

CR2E034 (9/99)