

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041856

1. Entity Name

STORA ENSO INTERAMERICAS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90100 035 ***158.75

Principal Place of Business

Mailing Address

8750 DORAL BLVD.
SUITE 270
MIAMI FL 33178

8750 DORAL BLVD.
SUITE 270
MIAMI FL 33178-2499

602315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0669350

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REHN, MATTS V
8750 DORAL BLVD. #270
MIAMI FL 33178

change →

Name

Laura Santamaria

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

8750 Doral Blvd #270

City

Miami

FL

Zip Code

33178

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)

[Signature] - LAURA SANTAMARIA

1/8/00
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	PTD	<input checked="" type="checkbox"/> Delete
NAME	REHN, MATTS V	
STREET ADDRESS	8750 DORAL BLVD. #270	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HETANEN, SEPPA	
STREET ADDRESS	KANAVARANTA NO. 1	
CITY-ST-ZIP	FIN-00160 HELSINKI, FINLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINNUNEN, JYRI-PEKKA	
STREET ADDRESS	KANAVAREANTA NO. 1	
CITY-ST-ZIP	FIN-00160 HELSINKI, FINLAND	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcus Gonzaga	
STREET ADDRESS	8750 Doral Blvd #270	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sven Von Holst	
STREET ADDRESS	8750 Doral Blvd #270	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Santamaria	
STREET ADDRESS	8750-Doral Blvd #270	
CITY-ST-ZIP	Miami, FL 33178	
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

MARCUS GONZAGA, PRES. 1/8/00 7169799

(305)

CR2E034 (9/99)