

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016172

1. Entity Name

WEST PALM BEACH FOREST INVESTMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90191 046 ***150.00

Principal Place of Business

Mailing Address

C/O CHRISTIAN N SCHOLIN
 505 S. FLAGLER DR., SUITE 1001
 WEST PALM BEACH FL 33401

C/O CHRISTIAN N SCHOLIN
 505 S. FLAGLER DR., SUITE 1001
 WEST PALM BEACH FL 33401-5949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

505 S. Flagler Drive

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33401

U.S.A.

33401

U.S.A.

4. FEI Number

65-0728620

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

SCHOLIN, CHRISTIAN N
 505 SOUTH FLAGLER DRIVE
 SUITE 1001
 WEST PALM BEACH FL 33401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DSTP
 STREET ADDRESS KARSISTO, ANTTI
 CITY-ST-ZIP 505 S. FLAGLER DR, STE 1001
 W PALM BCH FL 33401

TITLE ☒ Change ☐ Addition
 NAME DSTP
 STREET ADDRESS Karsisto, Antti
 CITY-ST-ZIP 505 S. Flagler Drive, Suite 400
 West Palm Beach, FL 33401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

561/655-7711

CR2E034 (9/99)