

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90147 038 \*\*\*150.00

DOCUMENT # P98000085047

1. Entity Name  
NINAIR, INC.

Principal Place of Business  
7667 W SAMPLE RD. SUITE 184  
CORAL SPRINGS FL 33065

Mailing Address  
7667 W SAMPLE RD. SUITE 184  
CORAL SPRINGS FL 33065

2. Principal Place of Business  
1118-A N. G ST.  
Suite, Apt. #, etc. A

3. Mailing Address  
P.O. BOX 806  
Suite, Apt. #, etc. 806

City & State  
LAKE WORTH FL

City & State  
LAKE WORTH FL

4. FEI Number 65-0874255

Applied For  
☒ Not Applicable

Zip 33460 Country PALM BCH

Zip 33460 Country PALM BCH

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

JOKINEN, TEPPU K  
1009 S FEDERAL HWY, SUITE 4  
LAKE WORTH FL 33460

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1118-A NORTH G ST.  
City LAKE WORTH FL Zip Code 33460

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, 2001 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 PRS  
NAME JOKINEN, TEPPU K  
STREET ADDRESS 7667 W. SAMPLE ROAD #184  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS 1118-A NORTH G ST.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE  
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 561-586-7272  
Date Daytime Phone #

CR2E034 (10/00)