

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P980000085047**

1. Entity Name

NINAIR, INC.

FILED

02 JUL -9 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1118 NORTH "G" St.

3. Mailing Address

P.O. Box 806

Suite, Apt. #, etc.

"A"

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

650874255

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TEPPO K. JOKINEN

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

1118-A NORTH "G" St.

City

LAKE WORTH

FL

Zip

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 registering)

06/10/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$330.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRS TEPPO K. JOKINEN 1118-A NORTH "G" St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WORTH FL 33460
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/02

DATE

561-586-7772

Daytime Phone #

CRS-034B (12/01)