

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050544

1. Entity Name

SCANDINAVIAN INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90011 030 \*\*\*163.75

Principal Place of Business

Mailing Address

3052 SW 27 AVE APT 103  
MIAMI FL 33133

3052 SW 27 AVE APT 103  
MIAMI FL 33133-5372

2. Principal Place of Business

3. Mailing Address

~~305~~ 2829 Bird Ave

2829 Bird Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 12

Suite 12

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0939670

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAHL, SVENN E  
3052 SW 27 AVE APT 103  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Svenn Erik Dahl

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

3052 SW 27 Ave Apt 103

City

Miami

FL

Zip Code  
33133

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]*

President

01-26-2000

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, 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Svenn Erik Dahl	
STREET ADDRESS	3052 SW 27 Ave Apt 103	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	KRISTIAN BJORNSTAD	
STREET ADDRESS	6487 SW 129 Ave	
CITY-ST-ZIP	MIAMI, FL 33183	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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]* Svenn Erik Dahl (President)

01-26-2000 (305) 446-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #