

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085132

1. Entity Name  
SHAPEUP USA, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90003 014 \*\*\*150.00

Principal Place of Business  
1441 BRADYWINE ROAD #K500  
WEST PALM BEACH FL 33409

Mailing Address  
1441 BRADYWINE ROAD #K500  
WEST PALM BEACH FL 33409

2. Principal Place of Business  
651 OKEECHOBEE

3. Mailing Address  
651 OKEECHOBEE

Suite, Apt. #, etc.  
T-504

Suite, Apt. #, etc.  
T-504

City & State  
WEST PALM BEACH FLORIDA

City & State  
WEST PALM BEACH FLORIDA

Zip  
33401

Country  
PALM BEACH

4. FEI Number 65-0952213

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TAMMIRUUSU, ARI  
1441 BRADYWINE ROAD #K500  
WEST PALM BEACH FL 33409

## 7. Name and Address of New Registered Agent

Name  
TAMMIRUUSU-ARI  
Street Address (P.O. Box Number is Not Acceptable)  
651 OKEECHOBEE # T-504  
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 TAMMIRUUSU ARI PVST *Ari Tammiruusu*  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TAMMIRUUSU, ARI 1441 BRADYWINE ROAD #K500 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMMIRUUSU, ARI 1441 BRADYWINE ROAD #K500 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ari Tammiruusu* ARI TAMMIRUUSU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01

Date

Daytime Phone #

CR2E034 (10/00)