

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90061 041 \*\*\*\*61.25

**DOCUMENT # N99000002679**

1. Entity Name

**FRONTLINE HUMAN SERVICES, INC.**

Principal Place of Business

146 N.E. 98 STREET  
 MIAMI SHORES FL 33138

Mailing Address

146 N.E. 98 STREET  
 MIAMI SHORES FL 33138-2337

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**GAUDIOSO, TONY (LMHC) PHD. (add)**  
 146 N.E. 98 STREET  
 MIAMI SHORES FL 33138

Name

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

City

**FL**

Zip Code

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |
|----------------|---------------------------------|
| 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    |                                 |

|                |                         |                                 |  |
|----------------|-------------------------|---------------------------------|--|
| TITLE          | Executive Director      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           | Tony Gaudio (LMHC) (D)  |                                 |  |
| STREET ADDRESS | 146 NE 98 Street        |                                 |  |
| CITY-ST-ZIP    | Miami Shores FL 33138   |                                 |  |
| TITLE          | Vice President          | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | Agnes Gaudio            |                                 |  |
| STREET ADDRESS | 109 W. Alhambra Ave (D) |                                 |  |
| CITY-ST-ZIP    | Lindenwest NY 11757     |                                 |  |
| TITLE          | Secretary               | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | Rose Morales (D)        |                                 |  |
| STREET ADDRESS | 2004 SW. 50th Ave       |                                 |  |
| CITY-ST-ZIP    | Hollywood FL 33023      |                                 |  |
| 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    |                         |                                 |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 (308754-0377)  
 Date Daytime Phone #

CR2E037 (9/99)