

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90125 007 *****50.00

DOCUMENT # L02000016902

1. Entity Name

FRONTIER DISTRIBUTORS, L.L.C.



Principal Place of Business

C/O MARK D COHEN P.A.
4000 HOLLYWOOD BLVD STE. 400
HOLLYWOOD FL 33021

Mailing Address

C/O MARK D COHEN P.A.
4000 HOLLYWOOD BLVD STE. 400
HOLLYWOOD FL 33021

2. Principal Place of Business

1290 Weston Rd

Suite, Apt. #, etc.

214

3. Mailing Address

same

Suite, Apt. #, etc.

same

City & State

Weston FL

City & State

same

Zip

33326

Country

USA

Zip

same

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, MARK D ESQ
C/O MARK D COHEN P.A.
4000 HOLLYWOOD BLVD STE. 400
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane Gallinal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GALLINAL, DIANE
4000 HOLLYWOOD BLVD STE. 400
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Diane Gallinal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/03

Date

954 385-5090

Daytime Phone #

CR2E083 (10/02)