

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004701

1. Entity Name

FRONTLINE, INC.

FILED
Aug 06, 2001 8:00 am
Secretary of State

07-19-2001 90238 022 ****70.00

08-06-2001 90074 005 *****8.75

Principal Place of Business

Mailing Address

29501 SW 152 AVE
 LEISURE CITY FL 33033

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 LEISURE CITY FL 33033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0646563

Applied For

Not Applicable

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

PETRO, JOHN
 29501 SW 152 AVE
 BOCA RATON FL 33486

Name

Jorge M. Rodriguez

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

19701 S.W. 87 Ave

City

Miami

FL

Zip Code

33157

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
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, RICHARD W	
STREET ADDRESS	1848 NW 5TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ELBERT	
STREET ADDRESS	30320 SW 158TH AVE.	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, ELSA	
STREET ADDRESS	30234 SW 161 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRO, JOHN	
STREET ADDRESS	9526 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge M. Rodriguez	
STREET ADDRESS	19701 S.W. 87 Ave	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lourdes Rodriguez-Rivera	
STREET ADDRESS	9020 Caribbean Blvd.	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elena Cuerra	
STREET ADDRESS	24651 S.W. 167 Ave	
CITY-ST-ZIP	Redland, FL 33031	
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 Required~~ (Lourdes Rodriguez-Rivera) Director (305) 242-0691

CR2E037 (5/01)