

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005187

1. Entity Name

FRENTE BARAGUA, INC.

Principal Place of Business

11435 S.W. 59TH TERRACE
MIAMI FL 33173-1019

Mailing Address

11435 S.W. 59TH TERRACE
MIAMI FL 33173-1019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OLTMANS, TITO RODRIGUEZ
11435 S.W. 59TH TERRACE
MIAMI FL 33173-1019

4. FEI Number

65-0808029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD
NAME OLTMANS, TITO RODRIGUEZ
STREET ADDRESS 11435 S.W. 59 TERR
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE VT
NAME HURTADO, CARLOS
STREET ADDRESS 11435 S.W. 59 TER
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE SD
NAME RODRIGUEZ, LMO
STREET ADDRESS 11435 S.W. 59 TERR
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIG. Required REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000

Date

PD.

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90061 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)