

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005798**

1. Entity Name

**FRONTIERS OF KNOWLEDGE, INC.****FILED****May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90012 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**ROOM 317, GAUTIER BLDG. (M-823)**  
**P.O. BOX 016129**  
**MIAMI FL 33101****ROOM 317, GAUTIER BLDG. (M-823)**  
**P.O. BOX 016129**  
**MIAMI FL 33101-6129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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****ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVE., STE. 125**  
**CORAL GABLES FL 33146**

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 ☐ Delete  
NAME **D FISCHER, EDMOND H**  
STREET ADDRESS **BOX 357350**  
CITY-ST-ZIP **SEATTLE WA 98195-7350**TITLE ☐ Change ☒ Addition  
NAME **DP William J. Whelan**  
STREET ADDRESS **Box 016129**  
CITY-ST-ZIP **Miami, FL 33102-6129**TITLE ☐ Delete  
NAME **D KATCHALSKI-KATZIR, EPHRAIM**  
STREET ADDRESS **P.O. BOX 26**  
CITY-ST-ZIP **REHOVOT, 76100 ISRAEL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D O'MALLEY, BERT W**  
STREET ADDRESS **BAYLOR COLLEGE MEDICINE 1 BAYLOR PLAZA**  
CITY-ST-ZIP **HOUSTON TX 77030**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D PETSKE, GREGORY A**  
STREET ADDRESS **415 SOUTH ST. MS 029**  
CITY-ST-ZIP **WALTHAM MA 02254-9119**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D SNYDER, SOLOMON H**  
STREET ADDRESS **725 N. WOLFE ST.**  
CITY-ST-ZIP **BALTIMORE MD 21205-2185**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D WEISSBACH, HERBERT**  
STREET ADDRESS **777 GLADES RD.**  
CITY-ST-ZIP **BOCA RATON FL 33431-0991**TITLE ☐ Change ☐ 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** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 305-243-6267  
Date Daytime Phone #

CR2E037 (9/99)