

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0037332

DOCUMENT # N99000005798

1. Entity Name

FRONTIERS OF KNOWLEDGE, INC.

03-19-2001 90067 032 ****61.25

Principal Place of Business

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

Mailing Address

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

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

65-1032564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete
NAME **FISCHER, EDMOND H**
STREET ADDRESS **BOX 357350**
CITY-ST-ZIP **SEATTLE WA 98195-7350**

TITLE **D** ☐ Delete
NAME **KATCHALSKI-KATZIR, EPHRAIM**
STREET ADDRESS **P.O. BOX 26**
CITY-ST-ZIP **REHOVOT, 76100 ISRAEL**

TITLE **D** ☐ Delete
NAME **O'MALLEY, BERT W**
STREET ADDRESS **BAYLOR COLLEGE MEDICINE 1 BAYLOR PLAZA**
CITY-ST-ZIP **HOUSTON TX 77030**

TITLE **D** ☐ Delete
NAME **PETSKO, GREGORY A**
STREET ADDRESS **415 SOUTH ST. MS 029**
CITY-ST-ZIP **WALTHAM MA 02254-9119**

TITLE **D** ☐ Delete
NAME **SNYDER, SOLOMON H**
STREET ADDRESS **725 N. WOLFE ST.**
CITY-ST-ZIP **BALTIMORE MD 21205-2185**

TITLE **D** ☐ Delete
NAME **WEISSBACH, HERBERT**
STREET ADDRESS **777 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL 33431-0991**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **William J. Whelan**
STREET ADDRESS **P.O. Box 016129**
CITY-ST-ZIP **Miami FL 33101-6129**

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

TITLE ☐ Change ☐ Addition
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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 OF PRESIDENT

3/14/01 305.243.6267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)