

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 11 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/16/02--01001--025 **70.00

DOCUMENT # P01000058841

1. Entity Name

FRONTLINE HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8410 NE 1 Place

Suite, Apt. #, etc.

3. Mailing Address

C/O ABC BOOKKEEPING SERVICE

4435 SW 26th Avenue

City & State

Miami FL

City & State

FT. LAUDERDALE FL

Zip

33138

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-1119317

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharon Kraft c/o ABC BOOKKEEPING SERVICE

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

4435 SW 26th Avenue

City

Ft Lauderdale

FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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 Sharon Kraft

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres.
NAME Christopher Lopez
STREET ADDRESS 8410 NE 1st Pl
CITY-ST-ZIP MIAMI FL 33138

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Lopez

305-754-2555

Date

Daytime Phone #

CR2E034B (12/01)