

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000058841

1. Entity Name

FRONTLINE HOMES, INC.

FILED

02 NOV 20 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8410 NE 1 Place

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33138

Country
USA

3. Mailing Address

c/o ABC BOOKKEEPING SERVICE

Suite, Apt. #, etc.

4435 SW 26th Avenue

City & State

FT LAUDERDALE FL

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 SERV

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

4435 SW 26th Avenue

City

Ft Lauderdale

FL

Zip Code

33312

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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

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 \$650.00
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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pres Ignacio Canales	13925 NE 6th Ave	North Miami FL 33161
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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 info empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02

Date

Daytime Phone #

CR2F034R (12/01)



ABC Bookkeeping Service
4435 SW 26th Ave
Fort Lauderdale, FL 33312

DEPT OF STATE
DIV OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314