

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90128 040 ***150.00

DOCUMENT # P01000076594

1. Entity Name
FRONTIER IRON AND GLASS SERVICES, INC.

Principal Place of Business

**9520 S.W. 40TH STREET
 SUITE 207
 MIAMI FL 33155**

Mailing Address

**9520 S.W. 40TH STREET
 SUITE 207
 MIAMI FL 33155**

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

Applied

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ARAUZ, LUIS C
 7225 N.W. 258TH STREET
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name
BOHORQUES, LENIS IRENE A
 Street Address (P.O. Box Number is Not Acceptable)
9520 SW 40TH STREET #207
 City
Miami FL Zip Code
33155

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 **x Lenis Bohorques**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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
 NAME **PD ARBOLEDA, ALBERTO** ☐ Delete
 STREET ADDRESS **9520 S.W. 40TH STREET SUITE 207**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P.D. BOHORQUES, LENIS IRENE A** ☐ Change ☐ Addition
 STREET ADDRESS **9520 SW 40TH STREET #207**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x Lenis Bohorques**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)