

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000-70829

Entity Name

Frontier Liner Agencies

Principal Place of Business

Mailing Address

USA

7500 NW 25<sup>th</sup> str  
ste 239  
Miami, FL 33122

Principal Place of Business

Same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0785104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**FILED**

**00 AUG 30 AM 8:29**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

6. Name and Address of Current Registered Agent

Jeffrey Bernstein  
100 North Biscayne Blvd  
ste 2608  
Mia, FL 33122

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2000 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**

OFFICERS AND DIRECTORS

☐ Delete

Santiago Soto  
7500 NW 25<sup>th</sup> str  
ste 239  
Miami, FL 33122

☐ Delete

Julie Osorio

☐ Delete

same

☒ Delete

Jean Almiria

☐ Delete

same

☐ Delete

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
8600 NW 53rd TERR, STE 204  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
8600 NW 53rd TERR, STE 204  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KE**

CR2E034 (9/99)

5/17