

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088951

1. Entity Name

FRONTIER INTERNATIONAL FORWARDERS, INC.

05-04-2001 90104 047 \*\*\*900.00

P97000088951

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 14 PM 12:51

Principal Place of Business

6073 N.W. 167TH STREET  
SUITE C-10  
MIAMI FL 33015

Mailing Address

6073 N.W. 167TH STREET  
SUITE C-10  
MIAMI FL 33015-4330

2. Principal Place of Business

6095 N.W. 167th St.

3. Mailing Address

6095 N.W. 167th St.

Suite, Apt. #, etc.

Suite D-4

Suite, Apt. #, etc.

Suite D-4

City & State

Miami, FL

City & State

Miami FL

Zip

33015

Country

U.S.A

Zip

33015

Country

U.S.A

6. Name and Address of Current Registered Agent

DEL VALLE, LEYLANI  
6073 N.W. 167TH STREET  
SUITE C-10  
MIAMI FL 33015

4. FEI Number

65-0789424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Leylani Cardozo

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

6095 N.W. 167th St.

Suite D-4

City

Miami

FL

Zip Code

33015

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]*

Leylani Cardozo

4/25/01

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEL VALLE, LEYLANI	
STREET ADDRESS	7915 NW 162ND STREET	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leylani Cardozo	
STREET ADDRESS	16175 N.W. 67 AVE APT. 251	
CITY-ST-ZIP	Miami, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305-362-9555

Date

Daytime Phone #

CR2E034 (9/99)