

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91394 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000049242

1. Entity Name
FRONTIER CONSULTING GROUP, INC.



90110973

Principal Place of Business
GONZALO GIL
C/O 1500 SAN REMO AVE., SUITE 177
CORAL GABLES, FL 33146

Mailing Address
GONZALO GIL
C/O 1500 SAN REMO AVE., SUITE 177
CORAL GABLES, FL 33146

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

65-0924259

Applied For

X Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARED, PABLO R ESQ
1600 SAN REMO AVE #177
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when substituting)

4/25/03

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00!
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
GIL, GONZALO
STREET ADDRESS
1500 SAN REMO AVE. SUITE 177
CITY-ST-ZIP
CORAL GABLES, FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 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

4/25/03

Daytime Phone #

CR2EC34 (10/02)