

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 08, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # K08376**

1. Entity Name  
**THE SLATTERY CORPORATION**

Principal Place of Business 8525 NW 53 TERRACE SUITE 100 MIAMI 33166 US	FL	Mailing Address 8525 NW 53 TERRACE SUITE 100 MIAMI 33166 US	FL
--	----	--	----

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0075957</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SLATTERY, GEORGE B.  
 8525 NW 53 TERRACE  
 SUITE 100  
 MIAMI  
 33166  
 US

FL

**7. Name and Address of New Registered Agent**

Name  
 SLATTERY GEORGE B

Street Address (P.O. Box Number is Not Acceptable)  
 8525 NW 53 TERRACE

SUITE 100

City  
 MIAMI

FL Zip Code  
 33166

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 **GEORGE B. SLATTERY SR.**

**01/08/2001**

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, 2001 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	V	<input type="checkbox"/> Delete	
NAME	SLATTERY, LYDIA MAS		
STREET ADDRESS	8525 NW 53 TER, #100		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	SLATTERY, GEORGE B.		
STREET ADDRESS	8525 NW 53 TER, #100		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	SLATTERY, GEORGE B.		
STREET ADDRESS	8525 NW 53 TER #100		
CITY-ST-ZIP	MIAMI FL 33166		
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATTERY LYDIA M		
STREET ADDRESS	8525 NW 53 TER, #100		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATTERY GEORGE B		
STREET ADDRESS	8525 NW 53 TER, #100		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATTERY GEORGE B		
STREET ADDRESS	8525 NW 53 TER #100		
CITY-ST-ZIP	MIAMI FL 33166		
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: GEORGE B SLATTERY SR.**

**PRES 01/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)