FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

APPROVED AND FILED

02 AUG 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 231522

1. Entity Name
SLACK & JOHNSTON, INC.

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2. Principal Place of Business	3. Mailing Address
7300 N. Kendall Dr.	7300 N. Kendall Dr.
Suite, Apt. #, etc.: Suite 520	Suite, Apt. #, etc.: Suite 520
City & State: Miami, FL	City & State: Miami, FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number 59-0881523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Johnston, L. Glenn

Street Address (P.O. Box Number is Not Acceptable): 7300 N. Kendall Dr., Suite 520

City: Miami FL Zip Code: 33156

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, 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PDST	TITLE	
NAME	Johnston, L. Glenn	NAME	
STREET ADDRESS	7300 N. Kendall Dr., Suite 520	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Magenheimer, Andrew H.	NAME	
STREET ADDRESS	7300 N. Kendall Dr., Suite 520	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: L. Glenn Johnston, President 8/28/02 (305)670-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #