

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 001 ***158.75

DOCUMENT # J18833

1. Entity Name

SLATCHER WALL & BOCA RATTI INC.

DO NOT WRITE IN THIS SPACE

759150

2. Principal Place of Business

235 B WORTH AVE.

3. Mailing Address

235 B WORTH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PAUM BEACH FL

City & State

PAUM BEACH, FL.

Zip

33480

Country

Zip

33480

Country

4. FEI Number

59-2832685

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ADAMS MARGARET J.

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

235 B WORTH AVENUE

City

PAUM BEACH

FL

Zip Code

33480

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, MARGARET J. 235 B WORTH AVENUE PAUM BEACH, FL 33480
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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2002 561832

Date

Daytime Phone # 7432

CR2E034B (12/01)