

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J18868**
 1. Entity Name **SLATER & SLATER, CPA, P.A.**

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90043 013 ***158.75

D0021738

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4400 N. FEDERAL HWY. BOCA RATON, FL 33431**
 Mailing Address: **c/o M. SLATER 10 ATKINSON RD ROCKVILLE CENTRE, NY 11570**

2. Principal Place of Business: **BOCA RATON FL 33431**
 Suite, Apt. #, etc.: **210-51**

3. Mailing Address: **10 ATKINSON RD**
 Suite, Apt. #, etc.:

City & State: **BOCA RATON FL**
 Zip: **33431** Country: **USA**

City & State: **ROCKVILLE CENTRE, N.Y.**
 Zip: **33431** Country: **USA**

4. FEI Number: **59-2712478**
 Applied For: ☐ Not Applicable
 5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
c/o N. WEINSTEIN 6850 GRENELEFE RD BOYNTON BEACH, FL 33437

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.
 SIGNATURE: **[Signature]** (NO TITLE) **NORMAN WEINSTEIN** 2/10/00
 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 NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL A. SLATER <input type="checkbox"/> Delete PRES 10 ATKINSON RD ROCKVILLE CENTRE, N.Y. 11570-1101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is 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]** **MICHAEL A SLATER PRES** 2/2/00 **516-764-4766**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)