2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90053 032 ***150.00

DOCUMENT # K26236

1. Entity Name
LAST CHANCE FARM, INC.

Principal Place of Business
~~6000 SW 118TH AVE.~~
MIAMI FL ~~33183~~

Mailing Address
266 S. COCONUT LANE
MIAMI BEACH FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 22620 SW 134th Ave
Suite, Apt. #, etc.: —
City & State: Goulds Fl
Zip: 33170
Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number 65-0057101 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, B. M.
266 S. COCONUT LANE
MIAMI FL 33139

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVINE, B. M. ~~6000 SW 118TH AVE~~ ~~MIAMI FL 33183~~	☐ Delete	PD Levine, B.M. 266 S. Coconut Lane Miami Beach, Fl 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEVINE, M, H ~~6000 SW 118TH AVE~~ ~~MIAMI FL 33183~~	☐ Delete	S Levine, M.H. 266 S. Coconut Lane Miami Beach, Fl 33139	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 REQUIRED [signature] 1/6/3 305-674-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)