NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006907

1. Entity Name
Let's Fight Back Inc

FILED
04 NOV 29 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE MRS

2. Principal Place of Business	3. Mailing Address
1165 Marseille Drive	
Suite, Apt. #, etc. #12	Suite, Apt. #, etc.
City & State Miami Beach Fl	City & State
Zip 33141 Country Dade	Zip Country

4. FEI Number 65-1152328 — 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 Denise Mills-Mincey
Street Address (P.O. Box Number Is Not Acceptable) 1165 Marseille Drive #12
Miami Beach Fl 33141
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.

12/07/04--01007--007 **298.00
12/07/04--01007--007 **298.00

SIGNATURE Denise Mills-Mincey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Due by May 1 / Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Denise Mills-Mincey
STREET ADDRESS	1165 Marseille Drive #12
CITY-ST-ZIP	Miami Beach Fl 33141
TITLE	Vice-President
NAME	LaTonia Stephens
STREET ADDRESS	4890 NW 173rd Drive
CITY-ST-ZIP	Miami Fl 33055
TITLE	2nd VP
NAME	Andrea Edmonds
STREET ADDRESS	19420 N.W. 7 Ct
CITY-ST-ZIP	Miami FL 33169
TITLE	S
NAME	Sheryll Lee
STREET ADDRESS	19745 N.W. 53rd Circle Place
CITY-ST-ZIP	Miami Fl 33141
TITLE	
NAME	Cheryl Holding Treasurer
STREET ADDRESS	
CITY-ST-ZIP	12863 S.W. 49 Ct Miramar Fl 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Mills-Mincey President 954 443-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #