

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90013 019 ****61.25

DOCUMENT # N99000001279

1. Entity Name

LAST ONE'S LEFT, INC.

Principal Place of Business

**1896 WATER RIDGE DRIVE
 WESTON FL 33326**

Mailing Address

**1896 WATER RIDGE DRIVE
 WESTON FL 33326**

2. Principal Place of Business

1896 Water Ridge Drive

3. Mailing Address

P.O. Box 268352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

U.S.

Zip

33326

Country

U.S.

4. FEI Number

38-3426601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LADEN, JAMAL C
 2079 MIDYETTE ROAD
 #317
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

JAMAL LADEN

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

1896 Water Ridge Dr.

City

Weston

FL

Zip Code

33326

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

Jamal Laden

August 8, 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LADEN, JAMAL C	
STREET ADDRESS	2074 MIDYETTE ROAD, #317	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAUGHTON, TERRI M	
STREET ADDRESS	2074 MIDYETTE ROAD, #317	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, AUDREY	
STREET ADDRESS	1471 GREY FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Michael Lippett	
STREET ADDRESS	4105 Van Dyke	
CITY-ST-ZIP	Detroit, MI 48214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Reaves	
STREET ADDRESS	4333 Alter Rd.	
CITY-ST-ZIP	Detroit, MI 48215	
TITLE	Antwan Porter (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	18912 Hamburg St.	
CITY-ST-ZIP	Detroit, MI 48205	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Bestwick	
STREET ADDRESS	11911 NW 29th St	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamal Laden

August 8, 2002

Date

Daytime Phone #

CR2E037 (9/01)