

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90750 040 \*\*\*\*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

**PO BOX 268352  
WESTON FL 33326**

2. Principal Place of Business

**1896 Water Ridge Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 268352**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Weston, FL**

City & State

**Weston, FL**

4. FEI Number **38-3426601**

Applied For

☒ Not Applicable

Zip Country

**33326 U.S.**

Zip Country

**33326 U.S.**

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

6. Name and Address of Current Registered Agent

**LADEN, JAMAL C  
1896 WATER RIDGE DRIVE  
WESTON FL 33326**

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

*Jamal Laden*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/03**

**FILE NOW: FEE IS \$61.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LADEN, JAMAL C</b>	
STREET ADDRESS	<b>2074 MIDYETTE ROAD, #317</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HAUGHTON, TERRI M</b>	
STREET ADDRESS	<b>2074 MIDYETTE ROAD, #317</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REAVES, VIRGINIA</b>	
STREET ADDRESS	<b>4333 ALTER ROAD</b>	
CITY-ST-ZIP	<b>DETROIT MI 48215</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PORTER, ANTWAN</b>	
STREET ADDRESS	<b>18912 HAMBURG STREET</b>	
CITY-ST-ZIP	<b>DETROIT MI 48205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BESTWICK, MICHAEL</b>	
STREET ADDRESS	<b>11911 NW 29TH STREET</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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*

**4/26/03**

CR2E037 (10/02)