

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082966

1. Entity Name

LAST AFFAIR, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90336 006 ***150.00

Principal Place of Business

12358 RIVERFALLS COURT
BOCA RATON FL 33428

Mailing Address

12358 RIVERFALLS COURT
BOCA RATON FL 33428

2. Principal Place of Business

4660 SW PARKGATE BLVD

3. Mailing Address

4660 SW PARKGATE BLVD

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

65-0783484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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, 2001 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 ☐ Delete
PTD
MCFARLAND, WILLIAM P
STREET ADDRESS
12358 RIVERFALLS COURT
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE NAME ☐ Delete
VSD
MCFARLAND, HELEN D
STREET ADDRESS
12358 RIVERFALLS COURT
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
PTD
MCFARLAND, William P
STREET ADDRESS
4660 SW PARKGATE BLVD C
CITY-ST-ZIP
Palm City FL 34990

TITLE NAME ☒ Change ☐ Addition
VSD
MCFARLAND
STREET ADDRESS
4660 SW PARKGATE BLVD C
CITY-ST-ZIP
PALM City, FL 34990

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen D. McFarland Helen D. McFarland

2-27-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0125368

CR2E034 (10/00)