

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90182 009 ***158.75

DOCUMENT # P99000068106

1. Entity Name
THE LAST RESOURCE, INC.



Principal Place of Business
6405 N.W. 36TH STREET
SUITE 115
MIAMI FL 33166

Mailing Address
6405 N.W. 36TH STREET
SUITE 115
MIAMI FL 33166



2. Principal Place of Business

1820 N. CORPORATE LAKE BLVD

Suite, Apt. #, etc.

SUITE 203-E

City & State

WESTON FL

Zip

33326

Country

BROWARD

3. Mailing Address

1820 N. CORPORATE LAKE BLVD.

Suite, Apt. #, etc.

SUITE 203-E

City & State

WESTON, FL

Zip

33326

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0939228

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEL LUPO, LUCIANO
6405 N.W. 36TH STREET
SUITE 115
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ANTONIO J. DE CASTRO

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

1820 N. CORPORATE LAKE BLVD

SUITE 203-E

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. 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

4/16/03

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

TITLE **P** ☒ Delete
NAME **DEL LUPO, LUCIANO**
STREET ADDRESS **6405 NW 36TH ST. STE. 115**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VP** ☒ Delete
NAME **DE CASTRO, ANTONIO**
STREET ADDRESS **6405 N.W. 36TH ST. STE. 115**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DE CASTRO, ANTONIO**
STREET ADDRESS **1820 N. CORPORATE LAKE BLVD #203E**
CITY-ST-ZIP **WESTON, FL 33326**

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

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

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

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

(954) 8884299

Daytime Phone #

CR2E034 (10/02)