

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90167 050 ***550.00

DOCUMENT # K96932
1. Entity Name:
AMERICAN LIFE RESOURCES CORPORATION

Principal Place of Business
 1455 OCEAN DRIVE
 SUITE 1508
 MIAMI BEACH FL 33139
 US

Mailing Address
 1455 OCEAN DRIVE
 SUITE 1508
 MIAMI BEACH FL 33139
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1455 OCEAN DRIVE
 Suite, Apt. #, etc.
 1508
 City & State
 MIAMI BEACH, FL
 Zip
 33139
 Country
 US

3. Mailing Address
 1455 OCEAN DRIVE
 Suite, Apt. #, etc.
 1508
 City & State
 MIAMI BEACH, FL
 Zip
 33139
 Country
 US

4. FEI Number 65-0179829
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PORTER, HELEN
 930 WASHINGTON AVE, 17th FL 1455 OCEAN DRIVE
 MIAMI BEACH FL 33139 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City M. B. FL Zip Code 33139

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]* DATE 7/6/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
 (See criteria on back) **After September 13, 2002 Fee will be \$750.00**
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------|---------------------------------|---|--|---|
| TITLE | CCEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMON, STEVEN | | NAME | | |
| STREET ADDRESS | 1455 OCEAN DRIVE, #1508 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | | |
| TITLE | SCOO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTER, HELEN | | NAME | | |
| STREET ADDRESS | 1455 OCEAN DRIVE, #1508 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7/6/02 Daytime Phone # 305 534 0101

CR2E034 (4/02)