

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 016 ***150.00

DOCUMENT # K96932

1. Entity Name
AMERICAN LIFE RESOURCES CORPORATION



Principal Place of Business
1455 OCEAN DRIVE - P.O. Box 398916
SUITE 1508
MIAMI BEACH FL 33239-8916
US

Mailing Address
1455 OCEAN DRIVE P.O. Box 398916
SUITE 1508
MIAMI BEACH FL 33239-8916
US

2. Principal Place of Business
P.O. Box 398916

3. Mailing Address
P.O. Box 398916

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number
65-0179829

Applied For
☐ Not Applicable

Zip
33239-8916

Country
USA

Zip
33239-8916

Country
USA

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

6. Name and Address of Current Registered Agent

PORTER, HELEN
1455 OCEAN DR - P.O. Box 398916
MIAMI BEACH FL 33239-8916

7. Name and Address of New Registered Agent

Name
Helen Porter

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

Unit #
18

City
Miami Beach

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	325 Meridian Ave.	
CITY-ST-ZIP	MIAMI BEACH FL 33239		CITY-ST-ZIP	Miami Beach, FL 33139	
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	325 Meridian Ave.	
CITY-ST-ZIP	MIAMI BEACH FL 33239		CITY-ST-ZIP	Miami Beach, FL 33139	
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
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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		

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: X **SIGNATURE REQUIRED** **2/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)