2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90022 026 ****61.25

DOCUMENT # N00000006997

1. Entity Name

ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
3600 SOUTH STATE ROAD 7 SUITE 310 MIRAMAR FL 33023	3600 SOUTH STATE ROAD 7 SUITE 310 MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1003611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, KEVINS SR. 3600 SOUTH STATE ROAD 7 SUITE 303 MIRAMAR FL 33023	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVENS, VERA M 3600 SOUTH STATE ROAD 7 #303 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Financial Secretary Vickey M. Mendez 6301 Buchannan Street Hollywood, FL 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVENS, KEVINS SR. 3600 SOUTH STATE ROAD 7 #303 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacqueline A. Townsend 20501 NW 46th Avenue Miami, FL 33055 Dietetic Technician. Nutritionist.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Secretary HAILE, DONNELL 941 N.W. 201 STREET MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Activity Events Coordinator Ruby Mahone 1681 NW 189 terr Miami, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasure. STEVENS, KEVINS JR. 3600 SOUTH STATE ROAD 7 #303 MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Activity Events Assistants Cord. Joseph Witherspoon 2546 Mayo Street Hollywood, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Events Vice-Chairman HAILE, OLIN 941 N.W. 201 STREET MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Events Chairman MAHONE, JAMES E 1681 N.W. 189 TERRACE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Vera M. Stevens 1/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #