

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005800

1. Entity Name

SOURCE OF ABUNDANT LIFE SYSTEMS INC.

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90079 005 \*\*\*\*70.00

Principal Place of Business

14612 NW 13 RD  
MIAMI FL 33167  
US

Mailing Address

14612 NW 13TH ROAD  
MIAMI FL 33167-1114

2. Principal Place of Business

SOURCE OF ABUNDANT LIFE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

1065 NE 125th ST #209

Suite, Apt. #, etc.

City & State

MIAMI / FL

City & State

4. FEI Number

65-0556448

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

Country

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

RYAN, NOLVA  
14612 NW 13TH ROAD  
MIAMI FL 33167

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  
~~D  
PARKER, JOHN PAST  
6276 N.W. 186TH STREET (#214)  
MIAMI LAKES FL 33015~~ ☒ Delete  
TRANSFERRED/  
(RELOCATED)

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/P  
NOLVA RYAN  
14612 NW 13th Rd.  
MIAMI / FL - 33167 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
RYAN, RUPERT A DR/Ph.D  
14612 NW 13TH ROAD  
MIAMI FL 33167 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
Tiffany Samuels  
731 NW 147th St.  
MIAMI / FL - 33167 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
DESMOND, ALEXANDER  
20154 NW 36TH CT  
MIAMI FL 33056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERT RYAN  
1367 AMBERCREST WAY  
AUSTELL / GA. 30168 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)