2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 13, 2002 8:00 am Secretary of State DOCUMENT # **N94000005800** 1. Entity Name SOURCE OF ABUNDANT LIFE SYSTEMS INC. 06-13-2002 90385 011 ****70.00 Principal Place of Business Mailing Address 1065 NE 125TH ST #209 14612 NW 13TH ROAD MIAMI FL 33161 MIAMI FL 33167 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0556448 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYAN, NOLVA 14612 NW 13TH ROAD **MIAMI FL 33167** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered pffice 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP Delete TITLE (9/01) Change ☐ Addition NOLVA. RYAN NAME NAME STREET ADDRESS 14612 NW 13TH RD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33167 CITY-ST-7IP DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RYAN, RUPERT A NAME STREET ADDRESS 14612 NW 13TH ROAD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RYAN, ROBERT NAME NAME STREET ADDRESS 1367 AMBERCREST WAY STREET ADDRESS CITY-ST-ZIP **AUSTELL GA 30168** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SAMUELS, TIFFANY NAME

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NAME

NAME

NAME

☐ Delete

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STREET ADDRESS

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SIGNATURE:

STREET ADDRESS

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TITLE

NAME

731 N.W 147TH ST

DESMOND, ALEXANDER

20154 NW 36TH COURT

OPA LOCKA FL 33056

MIAMI FL 33167

alval Trigan requir<u>ed</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

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Addition

200	2 UNIFORM BUS	INESS REPO	RT	(UBR)		· -				7
	JMENT # N94000 (•	A	the	26	mo	u C) }
SOURC	CE OF ABUNDANT LIFE SYSTI	EMS INC.	18	108	TV						
Principal Pla	ace of Business	Mailing Address	Mailing Address								
1065 NE 125 MIAMI FL 33 US		14612 NW 13TH ROAD MIAMI FL 33167									
2. Principal	Place of Business	3. Mailing Address									
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS S	PACE		,
City & State		City & State	<u>.</u>	_	65-0556449				oplied For	7	
Zip	Country 6. Name and Address of Current	Zip	Cou	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
		Name		7. Name and Add	dress of New Re	gistered A	gent]		
RYAN, NOLVA 14612 NW 13TH ROAD MIAMI FL 33167				Street Address (P.O. Box Number is NonAcceptable) City Zip Code							
8. The abov	e named entity submits this statement for			Agent signature r			the state of Flor				_
10.	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C				\$5.00 May Be Added to Fees	De	partmen	Payable t of State		でんまな 大変な
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOLVA, RYAN	☐ Delete	TITLE NAME STREE	1	AL	ODITIONS/CHANG	IES TO OFFICER		CTORS IN	Addition	CR2E037 (9/01)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, ROBERT 1367 AMBERCREST WAY AUSTELL GA 30168	☐ Delete		T ADDRES .	d	elay. I the a tamon apperwork	was or trip in	it jurij	e	Addition	-
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ITLE IAME TREET ADDRESS ITY-ST-ZIP	DESMOND, ALEXANDER 20154 NW 38TH COURT OPA LOCKA FL 33056	☐ Delete	TITLE NAME STREET CITY-S		P	aperior &	R.			Addition	
itle Ame Treet address Ity-st-zip		☐ Delete	TITLE NAME STREET CITY-S	T ADORESS			<u>`</u>			Addition	
2. I hereby of indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address with a supplement with an address with a supplement with	nis filing does not qualify for true and accurate and that my ered to execute this report a	he exem / signatu s require	ption stated i re shall have ed by Chapter	in Secti the sar r 617, F	on 119.07(3)(i), Flo ne legal effect as if forida Statutes; and	rida Statutes. I fu f made under oat d that my name a	rther certify h; that I am	that the info	ormation or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02 Date

(305) 893~8744 Daylime Phone #