

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90173 045 ****70.00

DOCUMENT # *N94000005800*

1. Entity Name

SOURCE OF ABUNDANT LIFE SYSTEMS INC.



DO NOT WRITE IN THIS SPACE

90032355

2. Principal Place of Business

4451 NW 16th St (K211)

Suite, Apt. #, etc.

Apt. K211

City & State

LAUDERHILL

Zip

FL 33313

Country

USA

3. Mailing Address

P.O. Box 120067

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLA.

Zip

33312

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0556448

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NOLVA RYAN

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

4451 NW 16th Street (K211)

City

Lauderhill

FL

Zip Code

33313

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	NOLVA RYAN	4451 NW 16th St. (K211)	Lauderhill / FL 33313
DVP	RUPERT RYAN	4451 NW 16th St. (K211)	Lauderhill / FL 33313
D	ROBERT RYAN	1367 AMBERCREST WAY	AUSTELL / GA 30168
S	ESNA GEORGE	1820 NW 191st Street	Miami / FL 33056
T	DESMOND ALEXANDER	20154 NW 36th COURT	OPA LOCKA / FL 33056

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nolva Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 *(954) 739-7177*

CR2E037B (12/02)