

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001400

1. Entity Name

SPIRITUAL ORGANIZATION FOR UNCONDITIONAL LOVE, I

Principal Place of Business

% JAMES A. MOLANS. ESQ.  
5901 SW 74TH ST., #400  
MIAMI FL 33143

Mailing Address

% JAMES A. MOLANS. ESQ.  
5901 SW 74TH ST., #400  
MIAMI FL 33143-5164

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

65-0648020

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

MOLANS, JAMES A  
5901 SW 74TH ST., #400  
MIAMI FL 33143

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 D ☐ Delete  
NAME LARSON, ROBERT  
STREET ADDRESS 6831 SW 69 TER.  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE D ☒ Delete  
NAME MOLANS, JAMES A  
STREET ADDRESS 16100 SW 173 AVE.  
CITY-ST-ZIP MIAMI FL 33187

TITLE D ☐ Change ☒ Addition  
NAME YANEZ, ALBERTO  
STREET ADDRESS 11760 S.W. 112 Ave. Rd.  
CITY-ST-ZIP Miami, FL 33176

TITLE D ☒ Delete  
NAME GREAVES, MALINDA  
STREET ADDRESS 14520 SW 159TH ST.  
CITY-ST-ZIP MIAMI FL 33177

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME MOODY, NANCY  
STREET ADDRESS 13725-1 S.W. 149 Cir. Lane  
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: ROBERT LARSON Director

April 2, 2000 (305) 666-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)