

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 029 \*\*\*\*61.25

**DOCUMENT # N96000001400**

1. Entity Name

**SPIRITUAL ORGANIZATION FOR UNCONDITIONAL LOVE, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

**8330 BIRD ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**16619 S. DIXIE HWY**

Suite, Apt. #, etc.

**172**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33143**

Country

**DADE**

Zip

**33143**

Country

**DADE**

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

Name

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

City

**FL**

Zip Code

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

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

*Robert P. Larson*

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

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

TITLE **D** ☐ Delete  
 NAME **YANEZ, ALBERTO**  
 STREET ADDRESS **11760 S.W. 112 AVE RD**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete  
 NAME **MOODY, NANCY**  
 STREET ADDRESS **13725-1 SW 149 CIR LANE**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 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 P. Larson*

**ROBERT LARSON**

**051802 305 6658879**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)