

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90089 038 \*\*\*\*61.25

**DOCUMENT # N97000001179**

1. Entity Name

**UNIVERSAL CHURCH OF DIVINE LOVE, INC.**

Principal Place of Business

450 N.E. 20TH STREET  
 SUITE 111-112  
 BOCA RATON FL 33431  
 US

Mailing Address

450 N.E. 20TH STREET  
 SUITE 111-112  
 BOCA RATON FL 33431-8160  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0731983**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAFARI, ANA HITTA**  
**450 N.E. 20TH STREET**  
**UNIT 108**  
**BOCA RATON FL 33431**

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	PD	<input type="checkbox"/> Delete
NAME	JAFARI, ANAHITTA	
STREET ADDRESS	22308 TIMBERLEY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VDD	<input type="checkbox"/> Delete
NAME	KULLERVO LUNTTA, HANG	
STREET ADDRESS	1362 S.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RIDGELY, DORSEY	
STREET ADDRESS	P.O. BOX 1027	
CITY-ST-ZIP	MARS HILL NC 28754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

Daytime Phone #

CR2E037 (9/99)