

2000 UNIFORM BUSINESS REPORT (UBR)

0036745

DOCUMENT # 760520

1. Entity Name

PI NU CHAPTER OF OMEGA PSI PHI FRATERNITY, INC.

FILED

00 FEB 11 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 570507
MIAMI FL 33257-0507

P.O. BOX 570507
MIAMI FL 33257-0507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2110000

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

CANADY, ABUBAKER
8456 SHERATON DRIVE
MIRAMAR FL 33025

Name

Willie L Carpenter

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

10965 S.W. 175 Street

City

Miami

FL

Zip Code
33157

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

Willie L Carpenter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/2000

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	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, CURTIS H	
STREET ADDRESS	17451 S.W. 109 AVENUE	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FAIR, CHESTER E JR.	
STREET ADDRESS	14741 PIERCE STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAW, JOHN L	
STREET ADDRESS	11615 LINCOLN BLVD.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ABUBAKER, CANADY	
STREET ADDRESS	8456 SHERATON DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Richardson	
STREET ADDRESS	P.O. Box 570507 Miami, FL 33257	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Browne	
STREET ADDRESS	P.O. Box 570507 Miami, FL 33257	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Hines	
STREET ADDRESS	P.O. Box 570507 Miami, FL 33257	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Carpenter	
STREET ADDRESS	P.O. Box 570507 Miami, FL 33257	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003170117-3	
STREET ADDRESS	-03/14/00--01126--027	
CITY-ST-ZIP	*****61.25 *****61.25	
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: Willie L. Carpenter 2/4/00 245-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)