

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N06000012683

1. Entity Name
BETA AT THE U PARENTS CLUB, INC.



Principal Place of Business
**15041 SW 149 STREET
MIAMI, FL 33196**

Mailing Address
**15041 SW 149 STREET
MIAMI, FL 33196**



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8031619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLANAGAN, JEFFREY M
999 PONCE DE LEON BOULEVARD
SUITE 1000
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DARROW, LENI**
STREET ADDRESS **2721 E. LAKE OF THE ISLES PKWY**
CITY-ST-ZIP **MINNEAPOLIS, MN 55408**

TITLE **VP**
NAME **FLIPPIN, ANNE**
STREET ADDRESS **3950 EASTLINE DRIVE**
CITY-ST-ZIP **JACKSON, MS 39211**

TITLE **TR**
NAME **NEGRIN, DOROTHY G**
STREET ADDRESS **15041 SW 149 STREET**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE
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000000890201
04/22/08-80085-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/08 305-358-5577