2/21

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
02-21-2002 90021 016 ****70.00

DOCUMENT # N40865

1. Entity Name

OMEGA PSI PHI FRATERNITY, ETA NU CHAPTER, INC.

Principal Place of Business	Mailing Address
P O BOX 547 POMPANO BEACH FL 33061	P O BOX 547 POMPANO BEACH FL 33061

- 99387

[redacted]

DO NOT WRITE IN THIS SPACE

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 23-7065922 ☐ 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
WIMBERLY, JOHN 3221 N.W. 5TH STREET FT LAUDERDALE FL 33311	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Wimberly
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASILEUS SYLVESTER ROBINSON 2581 FRANKLIN PARK DRIVE FT. LAUDERDALE, FL. 33311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KRSD WOMOCK, ANTONIO 10157 SERENE MEADOW DRIVE BOCA RATON FL 33428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICE BASILEUS BRUCE BROWN 4730 N.W. 5TH CT COCONUT CREEK, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, ULYSSES 10570 NW 24 CT SUNRISE FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEEPER OF FINANCE HARRY HARRELL 7498 N.W. 48TH ST. Lauderhill, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (4/02)

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: Sylvester Robinson REQUIRED SYLVESTER ROBINSON 8-23-02 954-765-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #