

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005883

1. Entity Name

BETA TAU ZETA ROYAL ASSOCIATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90014 026 ****61.25

Principal Place of Business
1748-1749 NW 54 ST
MIAMI FL 33142
US

Mailing Address
1050 N.W. 87TH STREET
MIAMI FL 33150-2542

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

65-0539694

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

VICKERS, ROSETTA J

1050 NW 87 ST

MIAMI FL 33150

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	VICKERS, ROSETTA J	
STREET ADDRESS	1030 N.W. 67 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAWSON, LORENE B.	
STREET ADDRESS	4710 N.W. 11TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LENORA	
STREET ADDRESS	1960 N.W. 172ND	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEE, DOROTHY P	
STREET ADDRESS	3459 PERCIVAL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLER, NETTIE J	
STREET ADDRESS	5831 NW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARDEN, DORIS	
STREET ADDRESS	2300 NW 152 TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BRENDA S	
STREET ADDRESS	16820 N.W. 20 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

ROSETTA J VICKERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000
Date

(305) 836-7060
(305) 693-4614
Daytime Phone #

CR2E037 (9/99)