

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91552 030 ****61.25

copy 77

DOCUMENT # N98000001760

1. Entity Name

TAU KAPPA EPSILON FRATERNITY, INC., OF BARRY UNI

Principal Place of Business

Mailing Address

11300 N.E. 2ND AVE.
 C/O STUDENT ACTIVITIES
 MIAMI SHORES FL 33161

11300 N.E. 2ND AVE.
 C/O STUDENT ACTIVITIES
 MIAMI SHORES FL 33161

00058421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1811676

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NYKOLAISZYN, JOHN P
12025 N.E. 11 CT.
MIAMI FL 33161

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	D	<input type="checkbox"/> Delete
NAME	NYKOLAISZYN, JOHN	
STREET ADDRESS	12025 N.E. 11 CT.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RAUL	
STREET ADDRESS	1080 N.W. 117 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOSCANO, JOSE	
STREET ADDRESS	12025 N.E. 11 CT.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIANFRANCO MOCERINO	
STREET ADDRESS	10777 NE 3rd AVENUE	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE TOSCANO	
STREET ADDRESS	9360 Fountainbleau Road #205	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Row Lennon	
STREET ADDRESS	961 SW 5th place	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
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		

CR2E037 (10/00)

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]* **5/15/01** **305.216.6801**