

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000007285**

1. Entity Name

**BETA BUSINESS SOLUTIONS, INC.****FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90079 029 \*\*\*\*61.25

Principal Place of Business

**330 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 3331**

Mailing Address

**330 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 3331**

2. Principal Place of Business

**3800 Inverrary Blvd  
Suite, Apt. #, etc.  
Ste 400**

3. Mailing Address

**3800 Inverrary Blvd  
Suite, Apt. #, etc.  
Ste 400**

City &amp; State

**Lauderhill Fl**

City &amp; State

**Lauderhill Fl**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**

4. FEI Number

**65-0951539**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, MASON C  
330 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 3331**

7. Name and Address of New Registered Agent

Name

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

**3800 Inverrary Blvd  
Ste 400**

City

**Lauderhill**

FL

Zip Code

**33319**

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

*Mason Jackson***2/10/00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>ARENSEN, GARY</b>	
STREET ADDRESS	<b>10231 TAFT STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MCKENZIE, CATHERINE</b>	
STREET ADDRESS	<b>4500 N. HIATUS RD., SUITE 211</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33341</b>	

TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>ARMSTRON, WILLIAM</b>	
STREET ADDRESS	<b>1000 N. FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KEISER, BELINDA</b>	
STREET ADDRESS	<b>1500 N.W. 49TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GREENSTEIN, RON</b>	
STREET ADDRESS	<b>1500 N.W. 49TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CROXTON, MARGARET</b>	
STREET ADDRESS	<b>1315 S. MIAMI ROAD, #F</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fischler, Abraham</b>	
STREET ADDRESS	<b>116 SE '6 Court</b>	
CITY-ST-ZIP	<b>Fl. Lauderdale, Fl 33301</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cregan, Kevin</b>	
STREET ADDRESS	<b>1773 N. State Road 7</b>	
CITY-ST-ZIP	<b>Lauderhill Fl 33313</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Parilla, Ralph</b>	
STREET ADDRESS	<b>PO Box 15670</b>	
CITY-ST-ZIP	<b>Plantation Fl 33318</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hewlett William</b>	
STREET ADDRESS	<b>3751 Sheridan Street</b>	
CITY-ST-ZIP	<b>Hollywood, Fl 33021</b>	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McCormick, William</b>	
STREET ADDRESS	<b>4500 N. Hiatus Rd., Ste. 211</b>	
CITY-ST-ZIP	<b>Sunrise, Fl 33351</b>	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)