

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90042 011 \*\*\*150.00

0132200

**DOCUMENT # P99000106606**

1. Entity Name

**BETA INVESTMENT GROUP, INC.**

Principal Place of Business

Mailing Address

5800 NW 63RD PLACE  
 PARKLAND FL 33067

5800 NW 63RD PLACE  
 PARKLAND FL 33067

2. Principal Place of Business

3. Mailing Address

7809 GALLEON COURT

7809 GALLEON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PARKLAND, FL**

City & State  
**PARKLAND, FL**

4. FEI Number **65-0965338**

Applied For  
 Not Applicable

Zip  
**33067**

Country  
**USA**

Zip  
**33067**

Country  
**USA**

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

**DVORKIN, HOWARD S**  
**5800 NW 63RD PLACE**  
**PARKLAND FL 33067**

Name **HOWARD S. DVORKIN**

Street Address (P.O. Box Number is Not Acceptable)  
**7809 GALLEON COURT**

City **PARKLAND** FL Zip Code **33067**

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]* Agent

DATE **3/17/01**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DVORKIN, HOWARD S</b> <b>5800 NW 63RD PL</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOWARD S. DVORKIN</b> <b>7809 GALLEON COURT</b> <b>PARKLAND FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Pres.

DATE **3/17/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)