

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003204

1. Entity Name

BLUE LAKES AUTISM SUPPORT TEAM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90067 047 ****61.25

Principal Place of Business

Mailing Address

BLUE LAKES ELEMENTARY SCHOOL
 9250 SOUTHWEST 52ND TERRACE
 MIAMI FL 33165

BLUE LAKES ELEMENTARY SCHOOL
 9250 SOUTHWEST 52ND TERRACE
 MIAMI FL 33165-6518

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

65-0928441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, JOHN
 16720 SW 74 AVE
 MIAMI FL 33157

Name Debra Blanco

Street Address (P.O. Box Number is Not Acceptable)
 5130 S.W. 99 AVE.

City Miami

FL

Zip Code 33165

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

Debra Blanco

DEBRA BLANCO, DIRECTOR

1/18/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	WHITEHURST, MARIE-ILENE	
CITY-ST-ZIP	4809 ALHAMBRA CIRCLE CORAL GABLES FL 33148	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BUCKLEY, JOHN	
CITY-ST-ZIP	16720 SW 74 AVE MIAMI FL 33157	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	LORENZO, VIDAL	
CITY-ST-ZIP	11656 NW 89 CT. HIALEAH GARDENS FL 33018	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	BLANCO, DEBRA	
CITY-ST-ZIP	5130 SW 99 AVE MIAMI FL 33165	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CATANESE, BRENDA	
CITY-ST-ZIP	9250 SW 52 TERR MIAMI FL 33165	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ALESSANDRI, MICHAEL	
CITY-ST-ZIP	P.O. BOX 248768 CORAL GABLES FL 33124	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Josie Ramos	
CITY-ST-ZIP	13485 S.W. 63 Ave Pinecrest, FL 33156	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Debra Blanco DEBRA BLANCO

1/18/00

(305)271-6029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)