

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90126 028 \*\*\*\*61.25

UBR0304U

**DOCUMENT # N99000003204**

1. Entity Name  
**BLUE LAKES AUTISM SUPPORT TEAM, INC.**



Principal Place of Business  
**BLUE LAKES ELEMENTARY SCHOOL  
9250 SOUTHWEST 52ND TERRACE  
MIAMI FL 33165**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0928441** Applied For  
 Not Applicable

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

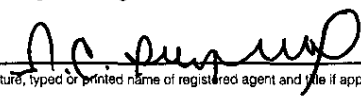
6. Name and Address of Current Registered Agent

**BLANCO, DEBRA  
5130 S.W. 99 AVE  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Patricia Scerpella**  
Street Address (P.O. Box Number is Not Acceptable)  
**15405 SW 82 CT**  
City **Miami** FL Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Patricia Scerpella, President** DATE **4/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITEHURST, MARIE-ILENE</b> <b>4809 ALHAMBRA CIRCLE</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMOS, JOSIE</b> <b>13485 S.W. 63 AVE</b> <b>PINECREST FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLANCO, DEBRA</b> <b>5130 SW 99 AVE</b> <b>MIAMI FL 33165</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALESSANDRI, MICHAEL</b> <b>P.O. BOX 248788</b> <b>CORAL GABLES FL 33124</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia Scerpella</b> <b>15405 SW 82 CT</b> <b>Miami, FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:  **Patricia Scerpella** DATE **4/3/03** (305)2334001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)