

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90075 033 ****61.25

DOCUMENT # N94000004771

1. Entity Name

THE BLUE LAKES ELEMENTARY WORLD CENTER BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**9250 SW 52ND TERRACE
 MIAMI FL 33165**

**9250 SW 52ND TERRACE
 MIAMI FL 33165**

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

65-0524454

Applied For

Not Applicable

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

**DEHOMBRE, CRISTINA
 9250 SW 52 TERR.
 MIAMI FL 33165**

Name

Maki Menendez

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

SAME

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]
 Signature typed or printed name of registered agent and title (if applicable)
President World Center Booster Club

DATE

01/17/2002

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 **VD** ☐ Delete
 NAME **RIVERO, JESUS**
 STREET ADDRESS **9250 SW 52 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Maki Menendez**
 STREET ADDRESS **9250 SW. 52nd Terrace**
 CITY-ST-ZIP **Miami, FL. 33165**

TITLE **PD** ☒ Delete
 NAME **FERRER, MARI**
 STREET ADDRESS **9250 SW 52ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **MENA, LAURA**
 STREET ADDRESS **9250 SW 52ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **REVILLA, ALINA**
 STREET ADDRESS **9250 SW 52 TERR**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CS** ☐ Delete
 NAME **CALLE, GISELLE**
 STREET ADDRESS **9250 SW 52ND TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasures 1-15-01 305 499-6824

Date

Daytime Phone #

CR2E037 (9/01)