

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90098 018 \*\*\*\*61.25

**DOCUMENT # N99000003386**

1. Entity Name

**BRIGHTON LAKES SCHOOL OF EXCELLENCE, INC.**

Principal Place of Business

Mailing Address

7200 NW 7TH STREET, SUITE 300  
 MIAMI FL 33126

7200 NW 7TH STREET, SUITE 300  
 MIAMI FL 33126-2941

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

65-0966161

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

**LEOPOLD, NORMAN**  
**20801 BISCAYNE BLVD, SUITE 501**  
**AVENTURA FL 33180**

Name

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, LOUIS O	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	STIEGELE, ROBERT	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	RABIN, MICHAEL	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, LESLIE G	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RAMOS, LISA GONZALEZ	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GONZALEZ, IRIS J	
STREET ADDRESS	7200 NW 7TH STREET, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/25/00

Date

3052626100

Daytime Phone #