# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 718621

1. Entity Name

DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

**FILED**
**Apr 27, 2000 8:00 am**
**Secretary of State**
02-14-2000 90052 021 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| C/O GARY LANCELOTTA, PH.D.<br>14520 SW 77TH ST<br>MIAMI FL 33183<br>US | C/O GARY LANCELOTTA<br>14520 SW 77TH ST<br>MIAMI FL 33183-2967<br>US |

DO NOT WRITE IN THIS SPACE

| 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 52-1252314 ☐ 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 |
|---|---|
| BLUM, W. BARRY<br>200 BISCAYNE BLVD<br>STE 3150<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
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 Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>BILO-LIBBIN, RAQUEL<br>1125 N SHORE DR<br>MIAMI BEACH FL 33141 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>President<br>FRUMKIN, I. BRUCE<br>7241 SW 63rd Avenue #203-A<br>South Miami, FL 33143 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KLOPFER, CAROL<br>6800 SW 40 ST. #227<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>President Elect<br>Silverman, Wade<br>1390 South Dixie Hwy #2222<br>Coral Gables, FL 33146 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEROIAN, PAMELA<br>PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI<br>CORAL GABLES FL 33124 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Immediate Past President<br>Bild-Libbin, Raquel<br>1125 N. Shore Dr.<br>Miami Beach, FL 33141 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>VERA, WILFREDO<br>301 ALMERIA AVE #108<br>CORAL GABLES FL 33134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Secretary<br>Trescott, Jean L.<br>4300 Alton Rd #360<br>Miami Beach, FL 33140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LANCELOTTA, GARY<br>~~14520 SW 77TH ST~~<br>~~MIAMI FL 33183~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Treasurer<br>Lancelotta, Gary X<br>5975 Sunset Dr. #602<br>South Miami, FL 33143 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Gary Lancelotta PhD 2/8/2000 (305) 668-7992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #