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. 14520 SW 77TH ST MIAMI FL 33183 US	C/O GARY LANCELOTTA 14520 SW 77TH ST MIAMI FL 33183-2967 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 200 BISCAYNE BLVD STE 3150 MIAMI FL 33131	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	PE	☐ Delete	TITLE D	President	☐ Change ☒ Addition
NAME	BILO-LIBBIN, RAQUEL		NAME	FRUMKIN, I. BRUCE	
STREET ADDRESS	1125 N SHORE DR		STREET ADDRESS	7241 SW 63rd Avenue #203-A	
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	South Miami, FL 33143	
TITLE	SD	☒ Delete	TITLE T	President Elect	☒ Change ☒ Addition
NAME	KLOPFER, CAROL		NAME	Silverman, Wade	
STREET ADDRESS	6800 SW 40 ST. #227		STREET ADDRESS	1390 South Dixie Hwy #2222	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	PD	☐ Delete	TITLE T	Immediate Past President	☒ Change ☒ Addition
NAME	DEROIAN, PAMELA		NAME	Bild-Libbin, Raquel	
STREET ADDRESS	PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI		STREET ADDRESS	1125 N. Shore Dr.	
CITY-ST-ZIP	CORAL GABLES FL 33124		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	S	☒ Delete	TITLE T	Secretary	☐ Change ☒ Addition
NAME	VERA, WILFREDO		NAME	Trescott, Jean L.	
STREET ADDRESS	301 ALMERIA AVE #108		STREET ADDRESS	4300 Alton Rd #360	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	T	☐ Delete	TITLE T	Treasurer	☒ Change ☐ Addition
NAME	LANCELOTTA, GARY		NAME	Lancelotta, Gary X	
STREET ADDRESS	~~14520 SW 77TH ST~~		STREET ADDRESS	5975 Sunset Dr. #602	
CITY-ST-ZIP	~~MIAMI FL 33183~~		CITY-ST-ZIP	South Miami, FL 33143	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gary Lancelotta, Ph.D. 2/8/2000 (305) 668-7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #