5/11

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-11-2001 90305 041 ****61.25

DOCUMENT # 718621

1. Entity Name

DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

UP

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~~ ~~US~~ James Pann, PhD. 1935 Park Ave. #11 Miami Beach, FL 33139

→ New Treasurer FY 2001

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o James Pann, PhD. →	SAME
Suite, Apt. #, etc.: 1935 Park Ave. #11	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33139 / Country: U.S.A.	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 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	Silverman, Wade
STREET ADDRESS	1125 N SHORE DR	STREET ADDRESS	1390 S. Dixie Hwy. #2222
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	SD ☒ Delete	TITLE	Immediate Past President ☒ Change ☐ Addition
NAME	KLOPFER, CAROL	NAME	Frumkin, Bruce
STREET ADDRESS	6800 SW 40 ST. #227	STREET ADDRESS	7241 SW 63rd Ave. #203-A
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	S. Miami, FL 33143
TITLE	PD ☒ Delete	TITLE D	Treasurer ☒ Change ☐ Addition
NAME	DEROIAN, PAMELA	NAME	Pann, James
STREET ADDRESS	PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI	STREET ADDRESS	1935 Park Ave. #11
CITY-ST-ZIP	CORAL GABLES FL 33124	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	S ☒ Delete	TITLE D	Secretary ☒ Change ☐ Addition
NAME	VERA, WILFREDO	NAME	JEAN PROSCOTT
STREET ADDRESS	301 ALMERIA AVE #108	STREET ADDRESS	4300 ALTON ROAD, STE 360
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	T ☒ Delete	TITLE	President Elect ☒ Change ☐ Addition
NAME	LANCELOTTA, GARY	NAME	ELBERT ZAIK
STREET ADDRESS	14520 SW 77TH ST	STREET ADDRESS	9150 SW 87th Ave
CITY-ST-ZIP	MIAMI FL 33183	CITY-ST-ZIP	Miami FL 33176
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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 — SIGNATURE REQUIRED — 1/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #