

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/11

**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.**

*(Handwritten initials)*

Principal Place of Business

C/O GARY LANCELOTTA, PH.D.  
 14520 SW 77TH ST  
 MIAMI FL 33183  
 US

*→ New Treasurer for 2001*

Mailing Address

C/O GARY LANCELOTTA *James Pann, Ph.D.*  
 14520 SW 77TH ST *1935 Park Ave. # 11*  
 MIAMI FL 33183 *Miami Beach, FL*  
 US *33139*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*c/o James Pann, Ph.D.*

*→ SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1935 Park Ave. #11*

City & State

City & State

*Miami Beach, FL*

Zip

Country

Zip

Country

*33139*

*U.S.A.*

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

Name

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

City

**FL**

Zip Code

**BLUM, W. BARRY**  
 200 BISCAYNE BLVD  
 STE 3150  
 MIAMI FL 33131

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	<input checked="" type="checkbox"/> Delete
NAME	BILO-LIBBIN, RAQUEL	
STREET ADDRESS	1125 N SHORE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLOPPER, CAROL	
STREET ADDRESS	6800 SW 40 ST. #227	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEROIAN, PAMELA	
STREET ADDRESS	PSYCHOLOGICAL SVCS CTR UNIV OF MIAMI	
CITY-ST-ZIP	CORAL GABLES FL 33124	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VERA, WILFREDO	
STREET ADDRESS	301 ALMERIA AVE #108	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANCELOTTA, GARY	
STREET ADDRESS	14520 SW 77TH ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silverman, Wade	
STREET ADDRESS	1390 S. Dixie Hwy. # 2222	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	Immediate Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Funkin, Bruce	
STREET ADDRESS	7241 SW 63rd Ave. # 203-A	
CITY-ST-ZIP	S. Miami, FL 33143	
TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pann, James	
STREET ADDRESS	1935 Park Ave. # 11	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN PROSCOTT	
STREET ADDRESS	4300 ALTON ROAD, STE 360	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELBERT ZALKUE	
STREET ADDRESS	9150 SW 87th Ave	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*(Handwritten signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/01*

Date

Daytime Phone #