

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91631 008 ****61.25

DOCUMENT # 718621

1. Entity Name

DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JAMES PANN, PH.D.
 1935 PARK AVE #11
 MIAMI BEACH FL 33139
 US

C/O JAMES PANN, PH.D.
 1935 PARK AVE #11
 MIAMI BEACH FL 33139
 US

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
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

5/1/02

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
 NAME **ZAİK, ELBERT**
 STREET ADDRESS **9150 SW 87TH AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **FRESCOTT, JEAN**
 STREET ADDRESS **4300 ALTON ROAD STE 360**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SILVERMAN, WADE**
 STREET ADDRESS **1390 S. DIXIE HWY. #2222**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **IPP** ☐ Delete
 NAME **FRUMKIN, BRUCE**
 STREET ADDRESS **7241 SW 63RD AVE #203-A**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **PANN, JAMES**
 STREET ADDRESS **1935 PARK AVE #11**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

5/1/02 305-495-9355

CR2E037 (9/01)