

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 022 ****61.25

DOCUMENT # 718621

1. Entity Name

DADE COUNTY PSYCHOLOGICAL ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1424 ORTEGA AVE

Suite, Apt. #, etc.

CORAL GABLES

City & State

FL

Zip

33134

Country

MIA-DADE

3. Mailing Address

1424 ORTEGA AV

Suite, Apt. #, etc.

CORAL GABLES

City & State

FL

Zip

33134

Country

MIA-DADE



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PE
NAME ZAIK, ELBERT ☒ Delete
STREET ADDRESS 9150 SW 87TH AVE
CITY-ST-ZIP MIAMI FL 33176

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MARY WEATHERFORD
STREET ADDRESS 6601 SW 80 ST. SUITE 206
CITY-ST-ZIP S. MIAMI, FL 33143

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

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

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

TITLE TREASURER ☒ Change ☐ Addition
NAME LUIS J. RODRIGUEZ
STREET ADDRESS 1424 ORTEGA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134-2252

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:

MARY WEATHERFORD, PH.D. President

305-669-9497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0025031