

2000 UNIFORM BUSINESS REPORT (UBR)

4/14

FILED

May 22, 2000 8:00 am
Secretary of State

04-14-2000 90008 011 ****61.25

DOCUMENT # N95000000965

1. Entity Name

THE ASSOCIATION OF BLACK PSYCHOLOGISTS SOUTH FLO

Principal Place of Business

Mailing Address

P.O. BOX 129771
MIAMI FL 33101-2971
US

P.O. BOX 129771
MIAMI FL 33101
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

65-0821922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORSETT, HERMAN W
11111 S.W. 171ST TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name DOROTHY A. HOLMES
Street Address (P.O. Box Number is Not Acceptable)
10430 S.W. 183 STREET

City
Miami

FL

Zip Code
33157

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	DORSETT, HERMAN W	
STREET ADDRESS	11111 S.W. 171ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HALL, PAMELA	
STREET ADDRESS	4620 NORTH STATE ROAD 7	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	NELSON, TIESHA S	
STREET ADDRESS	7600 SW 8TH CT	
CITY-ST-ZIP	N LAUDERDALE FL 33088	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMES, DOROTHY A	
STREET ADDRESS	155 N.W. 209TH STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY A. HOLMES	
STREET ADDRESS	10430 S.W. 183 STREET	
CITY-ST-ZIP	Miami, FLA 33157	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRYSTAL ANCHALE	
STREET ADDRESS	922 South Cypress Circle	
CITY-ST-ZIP	Miami, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)