

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F82068

1. Entity Name

PRECISION RESPONSE CORPORATION

Principal Place of Business

1505 NW 167TH ST.  
MIAMI FL 33169

Mailing Address

1505 NW 167TH ST.  
MIAMI FL 33169-5146

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

59-2194806

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

MONDRE, RICHARD D  
PRECISION RESPONSE CORP  
1505 NW 167 ST 4TH FL  
MIAMI FL 33169

Name

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

8151 Peters Road  
Suite 4000

City Plantation

FL

Zip Code

33324

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)

*R. Mondre, Exec V.P. & Secy*  
Richard D. Mondre

4/20/00  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MONDRE, RICHARD D	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	GORDON, MARK	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CEO EPSTEIN, DAVID	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T GILLIS, JOSEPH	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCOO O'BRIEN, WESLEY T	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VFCF OHARA, PAUL	1505 NW 167TH ST 4TH FL	MIAMI FL 33169	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

*Joseph E. Gillis Treasurer*  
Joseph E. Gillis Treasurer

2/1/00  
Date

305-216-4818  
Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90214 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)