

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079150

1. Entity Name

PRECISION RELAY SERVICES, INC.

Principal Place of Business

1505 N.W. 167TH ST.
MIAMI FL 33169

Mailing Address

1505 N.W. 167TH ST.
4TH FLOOR
MIAMI FL 33169-5146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0802465

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1505 N.W. 167TH ST.
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

Richard D. Mondre, Exec. V.P. & Secy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	DCEO	<input type="checkbox"/> Delete
NAME	EPSTEIN, DAVID L	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GORDON, MARK J	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MONDRE, RICHARD D	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	V	<input type="checkbox"/> Delete
NAME	OHARA, PAUL M	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIS, JOSEPH E	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	O'BRIEN, WESLEY T	
STREET ADDRESS	1505 NW 167 ST 4TH FL	
CITY-ST-ZIP	MIAMI FL 33169	

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	
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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	

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

2/1/00

Date

305-816-4828

Daytime Phone #

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

05-08-2000 90036 035 ***150.00

951625



DO NOT WRITE IN THIS SPACE