

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079150

1. Entity Name

PRECISION RELAY SERVICES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90047 010 ***150.00

Principal Place of Business

Mailing Address

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

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

C0043091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8151 Peters Rd.

3. Mailing Address

8151 Peters Rd

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0802465

Applied For

Not Applicable

Zip

33324

Country

U.S.A.

Zip

33324

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONDRE, RICHARD D
8151 PETERS RD
STE 4000
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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 checked="" 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 checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Epstein, David L.	
STREET ADDRESS	8151 Peters Rd. Ste. 4000	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mondre, Richard D.	
STREET ADDRESS	8151 Peters Rd. Ste. 4000	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennings, Thomas F.	
STREET ADDRESS	8151 Peters Rd. Ste. 4000	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillis, Joseph E.	
STREET ADDRESS	8151 Peters Rd. Ste. 4000	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Brien, Wesley T.	
STREET ADDRESS	8151 Peters Rd. Ste. 4000	
CITY-ST-ZIP	Plantation, FL 33324	

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

Date

Daytime Phone #

3/15/01 954-693-3040

CR2E034 (10/00)