

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am
Secretary of State**

02-20-2001 90010 021 ***150.00

DOCUMENT # S48752

1. Entity Name

PRECISION DATA SYSTEMS, INC.

Principal Place of Business

~~11703 ISLAND ROAD
COOPER CITY FL 33026~~

Mailing Address

~~11703 ISLAND ROAD
COOPER CITY FL 33026~~

JAN 1 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11401 SW 40th Street3205 Hunter Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360Miami FLWeston, FL4. FEI Number **65-0255532**

Applied For

Not Applicable

Zip 33105 Country USAZip 33331 Country USA5. 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

~~VENDITTI, RICHARD A.
757 N.W. 27TH AVENUE
SUITE 201
MIAMI FL 33125~~Name Brenda J. SchiffStreet Address (P.O. Box Number is Not Acceptable)
3205 Hunter RoadCity Weston **FL** Zip Code 33331

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)**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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME YASKIN, BENJAMIN P.
STREET ADDRESS 18920 S.W. 244TH STREET
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME SCHIFF, BRENDA J.
STREET ADDRESS 11703 ISLAND RD
CITY-ST-ZIP COOPER CITY FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3205 Hunter Road
CITY-ST-ZIP Weston, FL 33331TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)