

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91016 005 ***150.00

DOCUMENT # P00000067490

1. Entity Name
PERSONAL RESPONSE CORPORATION



Principal Place of Business
8405 NW 53RD ST
B106
MIAMI, FL 33166

Mailing Address
3900 NW 79TH AVE STE 334
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

8405 N.W. 53 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-106

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33166

Miami-Dade

6. Name and Address of Current Registered Agent

STEVEN, SILVERMAN
9600 DADELAND BLVD STE 560
MIAMI, FL 33166

Name

Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when amending)

DATE

FILED NOW WITH FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
SHOOR, BARRY G
8405 NW 53RD ST #B-106
MIAMI, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHOOR, BARRY G.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)