

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90066 003 ***158.75

DOCUMENT # P00000087934

1. Entity Name

REMOTE RESPONSE PRODUCTIONS INC.

Principal Place of Business

**11000 N.W. 32N AVENUE
 MIAMI FL 33167**

Mailing Address

**11000 N.W. 32N AVENUE
 MIAMI FL 33167**

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

65-1041265

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DIMITRI, LEA SALAMA ESQ.
 886 S.E. THIRD AVENUE
 SUITE 400
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
SALAMA, SAMUEL M T
 Street Address (P.O. Box Number is Not Acceptable)
19111 COLLINS AVENUE # 904
AVENTURA FL 33160

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 **SAMUEL SALAMA -PRESIDENT** 4/15/02
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, 2002 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

TITLE **P** ☐ Delete
 NAME **SALAMA, SAMUEL M T**
 STREET ADDRESS **21155 HELMSMAN DRIVE UNIT M-12**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VP** ☐ Delete
 NAME **BARROSO, HUGO JR**
 STREET ADDRESS **2924 NW 99TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **T** ☐ Delete
 NAME **SALAMA, ALBERTO M T**
 STREET ADDRESS **401 HOLIDAY DRIVE**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **S** ☐ Delete
 NAME **SALAMA, ELIAS M T**
 STREET ADDRESS **3802 NE 207 STREET TH#7**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **BENSABAT, JOSEPH**
 STREET ADDRESS **3801 NW 207 STREET #801**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
 NAME **RIESGO, VIENTE**
 STREET ADDRESS **10700 S W 134 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33176**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **SALAMA, SAMUEL M T**
 STREET ADDRESS **19111 COLLINS AVENUE APT # 904**
 CITY-ST-ZIP **AVENTURA, FL. 33160**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
 NAME **SALAMA, ELIAS M T**
 STREET ADDRESS **3804 S.W. 53RD. CT.**
 CITY-ST-ZIP **HOLLYWOOD, FL. 33312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SAMUEL M SALAMA-PRESIDENT

4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 953-7802

CR2E034 (9/01)