

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90180 016 ***158.75

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1. Entity Name
RESPONSE FINANCIAL SERVICES CORP.



Principal Place of Business
888 SE THIRD AVENUE SUITE 400
FORT LAUDERDALE FL 33316

Mailing Address
888 SE THIRD AVENUE SUITE 400
FORT LAUDERDALE FL 33316

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

04-3662048

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMITRI, LEA SALAMA ESQ
888 SE THIRD AVENUE SUITE 400
FORT LAUDERDALE FL 33316

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PEREZ, JORGE A
STREET ADDRESS 888 SE THIRD AVENUE SUITE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE PD ☐ Change ☐ Addition
NAME PEREZ, JORGE A
STREET ADDRESS 7315 SW 87th Avenue #200
CITY-ST-ZIP Miami FL 33173

TITLE VTD ☐ Delete
NAME SALAMA, SAMUEL
STREET ADDRESS 888 SE THIRD AVENUE SUITE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VTD ☐ Change ☐ Addition
NAME SALAMA, SAMUEL
STREET ADDRESS 19111 COLLINS AVENUE APT #904
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE VSD ☐ Delete
NAME SALAMA, ALBERTO
STREET ADDRESS 888 SE THIRD AVENUE SUITE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VSD ☐ Change ☐ Addition
NAME SALAMA, ALBERTO
STREET ADDRESS 401 HOLLIDAY DR.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☐ Delete
NAME SALAMA, ELIAS
STREET ADDRESS 888 SE THIRD AVENUE SUITE 400
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VD ☐ Change ☐ Addition
NAME SALAMA, ELIAS
STREET ADDRESS 3804 SW 53RD COURT
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL SALAMA - VTD

04-04-2003

(305)953-7802

Date

Daytime Phone #

CR2E034 (10/02)