

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000025803

1. Entity Name

REMOTE RESPONSE CORPORATION

Principal Place of Business

11000 NW 32ND AVENUE  
MIAMI FL 33167

Mailing Address

11000 NW 32ND AVENUE  
MIAMI FL 33167-3704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0823924

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SAMUEL M. SALAMA T.

Street Address (P.O. Box Number is Not Acceptable)

11000 N.W 32 AVENUE

City

MIAMI

FL

Zip Code  
33167

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 M. SALAMA T. TREASURER

4/26/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SALAMA, ALBERTO M	
STREET ADDRESS	11000 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAMA ALBERTO M.	
STREET ADDRESS	401 HOLIDAY DR.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH BENSABAT	
STREET ADDRESS	3801 N.E. 207ST # 801	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL M. SALAMA T.	
STREET ADDRESS	21155 HELMSMAN DR. UNIT M-12	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIAS M. SALAMA T.	
STREET ADDRESS	3802 N.E. 207 ST TH# 7	
CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 T

4/26/00

(305)953-7802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)