

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90044 031 ***158.75

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**

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

65-0823924

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

**SALAMA, SAMUEL M
11000 NW 32 AVE
MIAMI FL 33167**

7. Name and Address of New Registered Agent

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **3804 S.W. 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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO SALAMA

PRESIDENT

4/15/02

Date

(305) 953-7802

CR2E034 (9/01)