

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090582

1. Entity Name  
**INSPIRED FINANCIAL SERVICES INC.**

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90005 015 \*\*\*150.00

Principal Place of Business  
**5151 COLLINS AVENUE SUITE 820**  
**MIAMI FL 33138**

Mailing Address  
**5151 COLLINS AVENUE SUITE 820**  
**MIAMI FL 33138**

2. Principal Place of Business

**5161 Collins Avenue # 717**  
Suite, Apt. #, etc.  
**Miami FL**  
City & State

3. Mailing Address

**5161 Collins Avenue**  
Suite, Apt. #, etc.  
**Suite 717**  
City & State  
**Miami, FL**



DO NOT WRITE IN THIS SPACE

Zip  
**33140**  
Country  
**USA**

Zip  
**33140**  
Country  
**USA**

4. FEI Number  
**65-1042262**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDUC, REJEAN**  
**1001 N FEDERAL HIGHWAY SUITE 202**  
**HALLANDALE FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**BREGMAN, NATHAN B**  
**4375 BOULEVARD NORTRE-DAME SUITE 7**  
**CHOMEDEY LAVAL QUEBEC CANADA H7W -1T4** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U.P.**  
**Bregman, Michael**  
**5161 Collins Avenue # 717**  
**Miami, FL 33140** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Michael Bregman **Michael Bregman Feb.12/01 305-866-4619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)