

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017629

1. Entity Name  
INSPIRA CORPORATION

FILED

02 JUL 30 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5100 NORTH OCEAN BLVD SUITE 1507  
FT LAUDERDALE FL 33308

Mailing Address  
5100 NORTH OCEAN BLVD SUITE 1507  
FT LAUDERDALE FL 33308

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JENSEN, MARTHA OLGA  
5100 NORTH OCEAN BLVD SUITE 1507  
FT LAUDERDALE FL 33308

## 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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PARDO, ALEJANDRO 5100 NORTH OCEAN BLVD SUITE 1507 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JENSEN, MARTHA OLGA 5100 NORTH OCEAN BLVD SUITE 1507 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
100006978121--8 -08/08/02--01062--017 ****150.00 ****150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 25/02 954 925 920

0064892 AV

CR2E034 (4/02)

Attachment PO1000017629

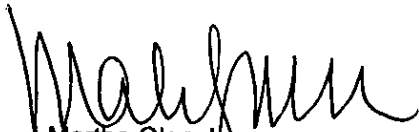
**INSPIRA**  
**UNIQUE HANDBAGS AND ACCESSORIES**

July 25, 02

Florida Department of State  
Division of Corporations  
Tallahassee, FL

Enclosed please find a check for \$150, for the filing of our Uniform Business Report.  
This is the first time we have received notification from you about this subject, so we contacted a member of your team at the number specified. He explained that the fee for the first year of filing was \$150, and suggested we enclose that amount with our documents. The charge of \$550, we understand, will be billed the second year of existence.  
Please contact us if you need additional information.

Thank you,

  
Martha Olga Jensen  
Vice President