

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90133 016 \*\*\*150.00

DOCUMENT # P98000059345

1. Entity Name

INSPIRATION STORE, INC.

Principal Place of Business

778 PALM AVENUE  
 HIALEAH FL 33012  
 US

Mailing Address

778 PALM AVENUE  
 HIALEAH FL 33012  
 US

2. Principal Place of Business  
 772 Palm Avenue

3. Mailing Address  
 772 Palm Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Hialeah Florida

City & State  
 Hialeah Florida

4. FEI Number  
 65-0848283

Applied For  
 Not Applicable

Zip 33010

Country U.S.A.

Zip 33010

Country U.S.A.

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERRERA, ANIEL  
 2506 PALM AVENUE  
 HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name  
 SABINA A. HERRERA

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

772 Palm Avenue

City  
 Hialeah

FL

Zip Code 33010

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

4/27/2002

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, ANIEL	
STREET ADDRESS	372 EAST 40TH ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERRERA, SABINA A	
STREET ADDRESS	372 EAST 40TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABINA A. HERRERA	
STREET ADDRESS	372 East 40th Street	
CITY-ST-ZIP	Hialeah Florida 33013	
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		
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:

4/27/2002

362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)