

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90247 044 ***150.00

DOCUMENT # *998000090198*

1. Entity Name:

ESPHERA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4377 NW 110 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-0875887

Applied For

Not Applicable

Zip *33178*

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SERGIO SZERMAN

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

4377 NW 110 Ave

City

Miami

FL

Zip Code

33178

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 changing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *SERGIO SZERMAN*
STREET ADDRESS *4377 NW 110 Ave*
CITY-ST-ZIP *MIAMI, FL 33178*

TITLE *V. PRESIDENT*
NAME *LORENA OTTAUANO*
STREET ADDRESS *4377 NW 110 Ave*
CITY-ST-ZIP *MIAMI, FL 33178*

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DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

2-14-03