

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90099 013 \*\*\*150.00

0256441 AV

**DOCUMENT # F28508**

1. Entity Name  
**HEIRLOOMS OF TOMORROW, INC.**

Principal Place of Business

**750 N.E. 125TH STREET  
 MIAMI FL 33161**

Mailing Address

**750 N.E. 125TH STREET  
 MIAMI FL 33161**

2. Principal Place of Business

**662 NE 125 Street**

3. Mailing Address

**662 NE 125 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2164843**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FINKELSTEIN, PEARL J.  
 750 N.E. 125TH STREET  
 NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

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

**662 NE 125 Street**

City

**N. Miami**

**FL**

Zip Code

**33161**

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

TITLE **CCEO** ☐ Delete  
 NAME **FINKELSTEIN, PEARL J.**  
 STREET ADDRESS **444 N.E. 101ST STREET**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **PCOO** ☐ Delete  
 NAME **FINKELSTEIN, NORMAN**  
 STREET ADDRESS **931 SW 112 TERR**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **S** ☐ Delete  
 NAME **CANNON, CHERIE**  
 STREET ADDRESS **10880 NW 17TH CT**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **T** ☐ Delete  
 NAME **FINKELSTEIN, DANIEL**  
 STREET ADDRESS **444 NE 101 ST**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4509 Jefferson ST**  
 CITY-ST-ZIP **HOLLYWOOD, FLA 33021**

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

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

TITLE ☐ Change ☐ Addition  
 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, with all other like empowered.

SIGNATURE:

**Pearl Finkelstein**

**REQUIRED Pearl Finkelstein**

**2/2/02**

**305-899-0920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)