

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91318 025 ***150.00

DOCUMENT # P19743

1. Entity Name
FIRST HERITAGE CORPORATION



Principal Place of Business
**136 GOLDEN ISLES DR., #402
HALLANDALE BEACH FL 33009**

Mailing Address
**P.O. BOX 2096
HALLANDALE BEACH FL 33008**

2. Principal Place of Business
2500 Hallandale Beach Blvd.

3. Mailing Address
**same as principal
place business**

Suite, Apt. #, etc.
Ste. 803

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hallandale Beach, FL

City & State

4. FEI Number **38-2420104**

Applied For
Not Applicable

Zip
33009

Country
USA

Zip

Country

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

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **FELDMAN, JACOB**
STREET ADDRESS **P.O. BOX 2096**
CITY-ST-ZIP **HALLANDALE BEACH FL 33008**

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

TITLE **STD** ☒ Delete
NAME **BLEZNAK, RICHARD D.**
STREET ADDRESS **275 GREENWOOD**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Feldman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 954-455-9555

Date Daytime Phone #

CR2E034 (10/02)