

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90090 015 ***150.00

DOCUMENT # **P98000086 984**
 1. Entity Name
Heritage Specialty Merchandise INC.

Principal Place of Business Mailing Address **same**
20675 SW 162 Ave
MIAMI, FL 33187

2. Principal Place of Business 3. Mailing Address **same**
20675 SW 162 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 192

City & State City & State
Miami, FL 33187
 Zip Country Zip Country
33187 USA

4. FEI Number **65-0868279** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Michael D. Harwood
20675 SW 162 Ave #192
Miami, FL 33187

7. Name and Address of New Registered Agent
 Name **N/A**
 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.
 SIGNATURE **N/A**
 Signature (Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 **President** ☐ Delete
 NAME **Michael D. Harwood**
 STREET ADDRESS **20675 SW 162 Ave #192**
 CITY-STATE-ZIP **Miami, FL 33187**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE ☐ Delete
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 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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: **Michael D. Harwood** **4/25/00** **305-613-9592**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)