

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000086984**

1. Entity Name

**HERITAGE SPECIALTY MERCHANDISE, INC.**

Principal Place of Business

Mailing Address

20675 Southwest 162 Avenue  
Suite 192  
Miami, Florida 33187

20675 Southwest 162 Avenue  
Suite 192  
Miami, Florida 33187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0868279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARWOOD, MICHAEL D.**

20675 Southwest 162 Avenue  
Suite 192  
Miami, Florida 33187

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**July 7, 2001**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **Harwood, Michael D.**  
STREET ADDRESS **8590 Southwest 212 Street**  
CITY-ST-ZIP **Miami, Florida 33189**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**July 7, 2001**

(305-413-9592)

APPROVED  
AND  
FILED

01 JUL 11 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>SPIEGEL &amp; Utrera, P.A.</b> <small>(Requestor's Name)</small>	
<b>1840 CORAL WAY, 4<sup>TH</sup> FLOOR</b>	
<b>MIAMI, FL 33145 - (305) 854-6000</b>	
<b>OFFICE USE ONLY</b>	

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- |    |  |   |
|----|--|---|
| 1. | <i>Heritage Specialty Merchandise, Inc.</i><br><small>(Corporation Name)</small> | <i>P98 000086984</i><br><small>(Document #)</small> |
| 2. | <small>(Corporation Name)</small>  | <small>(Document #)</small>                         |
| 3. | <small>(Corporation Name)</small>  | <small>(Document #)</small>                         |
| 4. | <small>(Corporation Name)</small>  | <small>(Document #)</small>                         |

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Walk-In | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out           | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|   |   | <input type="checkbox"/> Certificate of Status |

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	
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