

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90160 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086984

1. Entity Name

Heritage Specialty Merchandise, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20675 SW 162 AVE

3. Mailing Address

20675 SW 162 AVE

Suite, Apt. #, etc.

#192

Suite, Apt. #, etc.

#192

City & State

Miami, FL

City & State

Miami, FL

Zip

33187

Country

U.S.A.

Zip

33187

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868279

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City
Miami

FL

Zip Code
33145

**DO NOT WRITE
IN THIS SPACE**

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.

Spiegel & Utrera, P.A.

SIGNATURE

By: Natalia Utrera

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President / S/T/D
MICHAEL D Harwood
20675 SW 162 AVE # 192
Miami, FL 33187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 (305)
613-9592

DATE

Daytime Phone #