

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000086984

1. Entity Name  
*Heritage Specialty Merchandise, Inc.*



**FILED**

03 APR 25 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*34850 SW 187 Ave*  
Suite, Apt. #, etc.

3. Mailing Address

*34850 SW 187 Ave*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Hornestead, FL 33034*

City & State

*Hornestead, FL*

4. FEI Number

*65-0868279*

Applied For

Not Applicable

Zip

*33034*

Country

Zip

*33034*

Country

*USA*

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. I am familiar with, and accept the obligations of registered agent.

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22nd Street 4th Floor**  
**Miami, FL, 33145**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Harwood, Michael D.*  
*34850 SW 187 Ave*  
*Hornestead, FL 33034*  
*P.S. TD.*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*500018461255*  
*05/07/03--01089--025 \*\*150.00*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/03*

Date

Daytime Phone #

*305-613-9192*

CR2E0378 (12/02)