

2000 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # 272347

1. Entity Name

CORAL GABLES TAG AGENCY, INC.

Principal Place of Business

1418 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1418 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

59-1009119

Applied For

Not Applicable

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

STROCHAK, DEBRA
1418 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
STROCHAK, DEBRA
1418 PONCE DE LEON BLVD
CORAL GABLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003350105-2
-08/08/00-01100-008
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 a notary public empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/00 305 794-2300

CR2E034 (5/00)

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MORRISON, BROWN, ARGIZ
+ COMPANY

July 6, 2000

Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: CORAL GABLES TAG AGENCY, INC.
TIN: 65-0547451
FORM: 2000 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT: 272347

To whom it may concern:

The above captioned Taxpayer has asked us to respond to your recent Second Notification for Payment regarding their Form UBR – 2000 Uniform Business Report. A copy of this notice is enclosed for your reference.

The person responsible for the administration of the company has been on medical leave since February of 1998. As a result, the filing of the Uniform Business Report for 2000 was inadvertently overlooked. Please accept a payment of \$150.00, as full payment for the 2000 filing fees.

Thank you in advance for helping us resolve this matter. If you need any additional information do not hesitate to contact us.

Sincerely,



ADAM SPIEGEL

Enclosures

CC: Mrs. Debra Storchak
Blanca Moreno
Martin Sheckner, CPA