

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90729 013 ***158.75

DOCUMENT # P97000075694

1. Entity Name

TAG POINT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1876 N. UNIVERSITY DR

3. Mailing Address

9269 SHORE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E1

City & State

PLANTATION FL

City & State

BROOKLYN, NY

4. FEI Number

11-3408373

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

11209

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES.
YOSEF OZ
9269 SHORE RD # E1
BROOKLYN, NY 11209

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OZ YOSEF

3/28/03

Date

(718) 759 0045

Daytime Phone #

CR2E034B (12/02)