

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

DOCUMENT # P98000026230

1. Entity Name

TAG 24, INC.

FILED

02 NOV 21 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2355 SALZEDA STREET

3. Mailing Address  
2355 SALZEDA STREET

Suite, Apt. #, etc.  
SUITE 209

Suite, Apt. #, etc.  
SUITE 209

City & State  
CORAL GABLES, FLORIDA

City & State  
CORAL GABLES, FLORIDA

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number  
65-0820566

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
NICHOLAS WARE

Street Address (P.O. Box Number is Not Acceptable)

219 ANNE BONNY DRIVE

City  
KEY LARGO

FL

Zip Code  
33037

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)

11/20/02  
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  
PVST  
MONSERRAT DURAN-NAVARETTE  
11338 S.W. 71 STREET  
MIAMI FLORIDA 33173

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

500009352675  
12/04/02--01065--022 \*\*\*450.00

TITLE  
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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

11-20-02-3052793660  
Date Daytime Phone #

CR2E034B (12/01)

282

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002  
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I  
HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE THE  
YEAR 2000...

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS  
ACTIVE STATUS AND TO WAIVE ANY LATE FEES....

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

  
MONSERRAT DURAN-NAVARETTE  
PRESIDENT