

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51489

1. Entity Name

TAGIDE PROPERTIES, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90095 008 \*\*\*150.00

Principal Place of Business

1395 BRICKELL AVE.  
MIAMI FL 33131

Mailing Address

1395 BRICKELL AVE.  
MIAMI FL 33131-3300

2. Principal Place of Business

999 BRICKELL AVE.

3. Mailing Address

999 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

USA

Zip

Country

USA

4. FEI Number

65-0268643

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

STEWART, ROBERT W PA

~~1395 BRICKELL AVE 3RD FL~~

~~MIAMI FL 33131~~

Name

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

999 BRICKELL AVENUE

Suite 1006

City

FL

Zip Code  
33131

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS STEWART, ROBERT W.  
CITY-ST-ZIP ~~1395 BRICKELL AVE 3RD FL~~  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 999 BRICKELL AVENUE, Suite 1006  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS GILBERT, JACKSON B  
CITY-ST-ZIP ~~1395 BRICKELL AVE~~  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 999 BRICKELL AVENUE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BALESTRA, VICTOR C  
CITY-ST-ZIP ~~1395 BRICKELL AVE~~  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 999 BRICKELL AVENUE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000 (305) 358-7272

CR2003/0001