

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 001 ***150.00

DOCUMENT # S51489

1. Entity Name

TAGIDE PROPERTIES, INC.



Principal Place of Business

999 BRICKELL AV
SUITE 1006
MIAMI FL 33131
US

Mailing Address

999 BRICKELL AV
SUITE 1006
MIAMI FL 33131
US

2. Principal Place of Business
1395 Brickell Ave.

3. Mailing Address
SAME

Suite, Apt. #, etc. 430

Suite, Apt. #, etc.

City & State
Miami, Fl.

City & State

Zip
33131

Country
U.S.A.

Zip

Country

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
999 BRICKELL AV
SUITE 1006
MIAMI FL 33131

Name
STEWART, ROBERT W-PA
Street Address (P.O. Box Number is Not Acceptable)
1395 BRICKELL AVENUE
SUITE 430
City
MIAMI 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert W. Stewart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
STREET ADDRESS STEWART, ROBERT W.
CITY-ST-ZIP 999 BRICKELL AV SUITE 1006
MIAMI FL 33131 ☐ Delete

TITLE
NAME P
STREET ADDRESS GILBERT, JACKSON B
CITY-ST-ZIP 999 BRICKELL AVENUE, SUITE 1006
MIAMI FL 33131 ☐ Delete

TITLE
NAME VPD
STREET ADDRESS BALESTRA, VICTOR C
CITY-ST-ZIP 999 BRICKELL AVENUE, SUITE 1006
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME D
STREET ADDRESS Stewart, Robert W.
CITY-ST-ZIP 1395 Brickell Ave. Ste.430
Miami, Fl. 33131 ☒ Change ☐ Addition

TITLE
NAME P
STREET ADDRESS Gilbert, Jackson B.
CITY-ST-ZIP 1395 Brickell Ave.
Miami, Fl. 33131 ☒ Change ☐ Addition

TITLE
NAME VPD
STREET ADDRESS Balestra, Victor C.
CITY-ST-ZIP 1395 Brickell Ave.
Miami, Fl. 33131 ☒ Change ☐ Addition

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert W. Stewart ROBERT W STEWART 2.10.04 3053587272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #