



**TAX DEEDS /
FORECLOSURES**

P.O. Box 484
West Palm Beach, FL 33402-0484



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MIKE CARUSO
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

7112 0170 6470 0226 4750

7817-2023 #7 03112026

GLADES FORMULATING CORP
PO BOX 1690
BELLE GLADE, FL 3

NIXIE

326 SE 1

7202/02/26

RETURN TO SENDER
VACANT FORWARD

BC: 33402048424
0506-00416-25-40

RETURN RECEIPT REQUESTED
33402048424

33402048424

NOTICE OF APPLICATION FOR TAX DEED

Certificate Number: **7817-2023**

PCN: **04-37-43-31-13-010-0071**

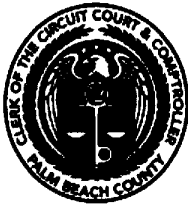
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Description of Property: **BELLE GLADE TERMINALS ADD 1 LT 7 (LESS WLY 121.52 FT) BLK 10**

Name in which assessed: **GLADES FORMULATING CORP**

All of said property being in the county of PALM BEACH, State of Florida.
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<https://palmbeach.realtaxdeed.com> on 3/11/2026 at 9:30 AM or any subsequently scheduled sale date.



Michael A. Caruso

Clerk of the Circuit Court & Comptroller
Palm Beach County, Florida

DATED: **January 20, 2026**

DATES OF PUBLICATION: **2/3/2026 2/10/2026 2/17/2026 2/24/2026**

REDEMPTION AMOUNT: **\$4,922.41** (in addition to recording fees if applicable)

WARNING

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For questions concerning taxes, you may call the Tax Collector at 561-355-2809. To receive further information regarding the scheduled auction contact the Clerk of the Circuit Court & Comptroller Palm Beach County, Tax Deed Department, at 205 N Dixie Hwy, Room 3.24, West Palm Beach, FL 33401 or by telephone at: (561) 355-2962.



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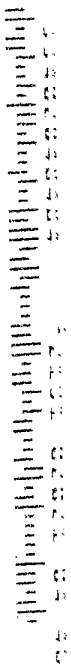
US POSTAGE  **MARTINEY BOWES**
ZIP 33401 \$ 000.59³
02 1W
0001366987 JAN 29 2026

7817-2023 #7 03112026

GLADES FORMULATING CORP
PO BOX 1690
BELLE GLADE, FL 3
NIXIE

326 DE 1260 0002/04/26
RETURN TO SENDER
VALANT
UNABLE TO FORWARD

33402-0484
167 LEB7855 334



NOTICE OF APPLICATION FOR TAX DEED

Certificate Number: **7817-2023**

PCN: **04-37-43-31-13-010-0071**

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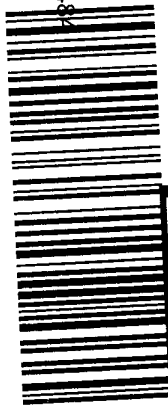
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7112 0170 6470 0226 4842

7817-2023 #15 03112026

CERTIFIED MAIL



US POSTAGE  **PAID** **PTNEY BOWES**
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0001366987 JAN 27 2026

RETURN RECEIPT REQUESTED

THOMAS K. SCIARRINO
SUITE 101
TAMPA, FL 33603

NIXIE

339 SE 1

0202/08/26

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

33E0339EER
33402>0484

BC: 33402048484

*0506-00409-28-40

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7112 0170 6470 0226 4866

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CERTIFIED MAIL



US POSTAGE WILLIAMS BOWES

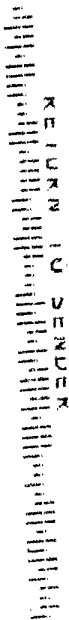
ZIP 33401 \$010.44⁰
02 1W
0001366987 JAN 27 2026

GLADES FORMULATING
909 NW 13 ST.
BELLE GLADE, FL 33430

321 N7E 1 RTN TO SEND BZ410201/30/26
FORWARD TIME EXP. RTN TO SEND
GLADES FORMULATING CORP 103
1885 W STATE ROAD 84 STE 103
FT LAUDERDALE FL 33315-2243

RETURN RECEIPT REQUESTED

33402-0484



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0001366987 JAN 29 2026

MIKE CARUSO
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PALM BEACH COUNTY

7817-2023 #17 03112026

GLADES FORMULATING CORPORATION
909 NW 13 ST.
BELLE GLADE, FL 33420

321 NEE 126032410002/06/26
FORWARD TIME EXP. RTN TO SEND
GLADES FORMULATING CORP
909 NW 13 ST
BELLE GLADE, FL 33420

RETURN TO SENDER
126032410002/06/26

9400922160037120
157 126032410002/06/26

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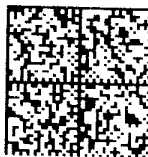


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0001366987 JAN 29 2026

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PALM BEACH COUNTY

7817-2023 #15 03112026

THOMAS K. SCIARRINO
SUITE 101
TAMPA, FL 33603

NIXIE

339 DE 1359

0002/19/26

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

33402-0484

IA

001 334020484

*0401 04900 04 70

005

0050

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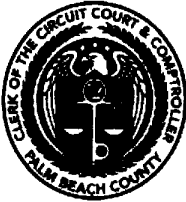
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7112 0170 6470 0226 4873

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PITNEY BOWES
ZIP 33401 \$010.44⁰
02 1W
0001366987 JAN 27 2026

7817-2023 #19 03112026

1136

GLADES FORMULATING CORPORATION
524 OYSTER RD.
NORTH PALM BEACH NIXIE 326 SE 1 7203/05/26

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

3340884328 NC
BC: 33402048484 *0506-00406-28-40

334020484

RETURN RECEIPT REQUESTED

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US POSTAGE
PAID BY PITNEY BOWES
ZIP 33401 \$ 010.44⁰
02 1W
0001366987 JAN 27 2026

7817-2023 #20 03112026

GLADES FORMULATING CORPORATION
MONTALVO, JUAN F. JR RA
524 OYSTER RD.
NORTH PALM BEACH,

NIXIE

326 SE 1

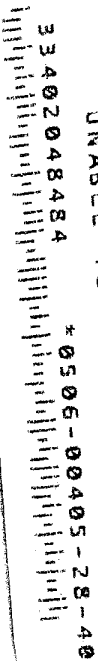
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3340834328 NCO
334020484

BC: 33402048484



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711270170 6470 0226 4835

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02 1W
0001366987 JAN 27 2026

33402-0484
33402-0484

33402-0484
33402-0484
33402-0484

MATTHEW MCLAUCHLIN
4230 PABLO P. PROI
SUITE 250
JACKSONVILLE, FL 32203

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

7817-2023 #14

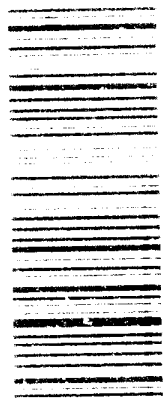
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OFFICE OF APPLICANT FOR TAXPAYER

1. Name of Applicant

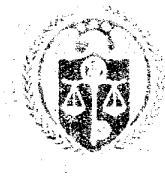
2. Address of Applicant

3. Name of the Committee or Board of Taxpayers

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