

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90019 016 ****61.25

DOCUMENT # 722158

1. Entity Name

GOAL INCORPORATED

Principal Place of Business

Mailing Address

**14040 N.E. 11TH AVENUE
 NORTH MIAMI FL 33161**

**14040 N.E. 11TH AVENUE
 NORTH MIAMI FL 33161-3302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WINTERS, JOHN F.
 14040 N.E. 11TH AVENUE
 NORTH MIAMI FL 33161-3302**

4. FEI Number

59-1369385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

SEE FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINTERKOPF, ERNEST C.	
STREET ADDRESS	14040 N.E. 11TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161-3302	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HURTAJ, JEROME	
STREET ADDRESS	14040 N.E. 11TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALBRAITH, JOIE	
STREET ADDRESS	14040 NE 11TH AVE.	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALCH, RICHARD	
STREET ADDRESS	14040 N.E. 11TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33161-3302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Ernest C. Hinterkopf ERNEST C. HINTERKOPF 1/26/00 305-754-9119
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)