

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90094 001 ***150.00

DOCUMENT # P02000081793

1. Entity Name
GOAL ACHIEVERS, INC.



Principal Place of Business
**526 E PARK AVE
TALLAHASSEE FL 32301**

Mailing Address
**526 E PARK AVE
TALLAHASSEE FL 32301**

2. Principal Place of Business
845 NW 128 ST.

3. Mailing Address
845 NW 128 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
06-1641847

Applied For
☐ Not Applicable

Zip Country
33168 MIAMI-DADE

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33168 MIAMI-DADE

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **MICHAEL TAYLOR**
Street Address (P.O. Box Number is Not Acceptable)
7590 NW 186 ST. SUITE 207
City **MIAMI** FL Zip Code **33015**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8/4/03**

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEROLD ATHOURISTE 845 NW 128 ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAUTHY ATHOURISTE 845 NW 128 ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Taylor* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/4/03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80137106



7590 NW 186th Street, Suite 207 Miami Lakes, FL 33015

Ph: 305.828.1484 Fax: 305.828.1486

August 4, 2003

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Goal Achievers, Inc.
Document # P02000081793

The Uniform Business Report for the above referenced company was not received in the mail resulting in the report not being filed in a timely manner. I am hereby requesting that the penalty be waived and am including the amount of \$150.00 (one hundred and fifty dollars) to bring the filing current.

Sincerely,

Michael Taylor, MBA.
New Registered Agent.

E-MAIL: accountingtax2003@yahoo.com