

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91801 018 \*\*\*150.00

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**DOCUMENT # P02000103801**

1. Entity Name

**GOALS BUSINESS & SERVICES, INC**



Principal Place of Business  
1290 WESTON RD., SUITE 306  
WESTON FL 33326

Mailing Address  
1290 WESTON RD., SUITE 306  
WESTON FL 33326

11041733



2. Principal Place of Business

150 BONAVENTURE BLVD.

3. Mailing Address

150 BONAVENTURE BLVD.

Suite, Apt. #, etc.

# 109

Suite, Apt. #, etc.

# 109

City & State

WESTON, FL.

City & State

WESTON, FL

4. FEI Number

04-3713968

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GBS CONSULTANTS

1290 WESTON RD., SUITE 306

WESTON FL 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

TITLE PSTD ☒ Delete  
NAME DIAZ, MARIA  
STREET ADDRESS 1290 WESTON RD., SUITE 306  
CITY-ST-ZIP WESTON FL 33326

TITLE V ☐ Delete  
NAME SALAZAR, MIGUEL  
STREET ADDRESS 1290 WESTON RD., SUITE 306  
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V ☒ Change ☐ Addition  
NAME SALAZAR, MIGUEL  
STREET ADDRESS 150 BONAVENTURE BLVD. #109  
CITY-ST-ZIP WESTON, FL 33326

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

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

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

TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

04/27/03

Date

Daytime Phone #

CR2E034 (10/02)