

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018861

1. Entity Name

MUTUAL GOALS FINANCIAL CORP.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90009 002 ***150.00

Principal Place of Business

Mailing Address

4300 N UNIVERSITY DRIVE
STE E-206
FORT LAUDERDALE FL 33351

4300 N UNIVERSITY DRIVE
STE E-206
FORT LAUDERDALE FL 33351-6244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0816716

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

OSBORNE, GERRI
10642 N.W. 12TH COURT
PLANTATION FL 33322

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------|-------------------------|------------------------|-------------------------------------|
| PC | OSBORNE, GERRI | 10642 N.W. 12TH COURT | PLANTATION FL 33322 | <input type="checkbox"/> |
| VD | HOCHMAN, ALAN | 845 NE 134 ST | N MIAMI FL 33161 | <input checked="" type="checkbox"/> |
| VST | LENA, APRIL | 725 N RIVERSIDE DR #304 | POMPANO BEACH FL 33062 | <input type="checkbox"/> |
| SV | TUCKER, FRANK | 7172 SW 22 PLACE | DAVIE FL 33317 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April Lena

2/1/00

Date

954 578-8050

Daytime Phone #

CR2E034 (9/99)