

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24300

1. Entity Name
GOAL PUBLICATIONS COMMUNICATIONS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90125 009 ***158.75

Principal Place of Business
~~169 LINCOLN ROAD - #203~~
~~MIAMI FL 33139~~

Mailing Address
P.O. BOX 522422
MIAMI FL 33152-2422
US

2. Principal Place of Business
221 SW 22 AVE
Suite, Apt. #, etc.
218

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI ; FL.

City & State

Zip
33135

Country
U.S.A.

4. FEI Number 65-0308627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DINIZ SILVA, ROSANGELA
1820 W. 53RD ST.
HIALEAH FL 33012

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 _____ (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	P/T	<input type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINIZ SILVA, ROSANGELA		NAME	DEIVIDE DINIZ ALVES	
STREET ADDRESS	1820 W 53RD CT		STREET ADDRESS	221 SW 22 AVE, #218	
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALISON DINIZ BRANDAO	
STREET ADDRESS			STREET ADDRESS	221 SW 22ND AVE #218	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DALVA MARTINE COLLIS	
STREET ADDRESS			STREET ADDRESS	533 COLLINS AVE #218	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Rosangela Silva 04/05/2000 (305) 644-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)