

P01000090811

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05 JUL 15 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*diss*

G. Coulette JUL 19 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation.

**DOCUMENT NUMBER:** P. 01000090811

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elsa Ambriz  
(Name of Person)

Ambriz Enterprises  
(Name of Firm/Company)

1724 NE Miami Gardens Dr  
(Address)

North Miami FL 33179  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Elsa Ambriz at (305.)  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ambriz Enterprises, Inc.

SECOND: The document number of the corporation (if known): PO1000090811

THIRD: The file date the articles of incorporation: 09-17-2001

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 01 day of June, 2005.

Signature: Elsa Ambiz  
(By a director, president or other officer. If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Elsa ambiz  
(Typed or printed name of person signing)

owner / president  
(Title of person signing)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$35**

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Ambriz Enterprises

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Not Applicable  
\_\_\_\_\_  
Name \_\_\_\_\_  
address \_\_\_\_\_  
Phone \_\_\_\_\_  
account \_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

11142 S SW 149th Ct.  
Miami, FL 33196  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Elsa Ambriz  
Printed Name of the Person Filing

X Elsa Ambriz  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**