

P11000024712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

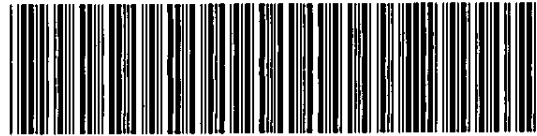
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 APR 12 PM 12:27

Art. of Correction
W/NAME
CHANGE
05-10-11
Dr



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2011

NORMA FABRI
NORMA A. FABRI, PA
6039 COLLINS AVE. #1436
MIAMI BEACH, FL 33140

SUBJECT: MIAMI BEST HOME PA
Ref. Number: P11000024712

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE SEND THE ARTICLES OF CORRECTION TO CORRECT THE ARTICLES OF CORRECTION FILED ON 04/05/11 WITH AN ORIGINAL SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 311A00010824

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Best Home PA
Name of Corporation

DOCUMENT NUMBER: P11000024712

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMA FABRI
Name of Contact Person

NORMA A FABRI PA
Firm/Company

6039 COLLINS AV #1436
Address

MIAMI BEACH FL 33140
City/State and Zip Code

normefabri@hotmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
11 APR 12 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NORMA FABRI at (786) 399-1588
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| ☐ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status |
| ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APRIL 07TH/2011

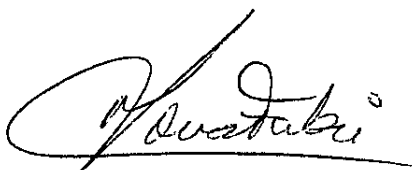
PLEASE MAKE CORRECTION CHANGE

FROM MIAMI BEST HOME, PA

TO NORMA A. FABRI, PA

SEE ATTACHED COPY OF EIN PLEASE KEEP THE SAME EIN # **27-546783**

THANK YOU VERY MUCH.

A handwritten signature in cursive script, appearing to read "Norma A. Fabri", written over a horizontal line.

NORMA A FABRI

RECEIVED

11 MAY -9 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

MIAMI BEST HOME PA

Name of Corporation as currently filed with the Florida Dept. of State

P 11000024712

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF CORRECTION
(Document Type Being Corrected)

filed with the Department of State on 4-5-2011
(File Date of Document)

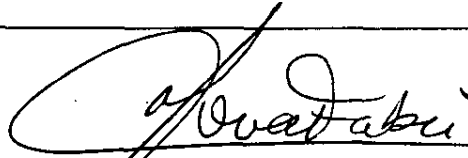
Specify the inaccuracy, incorrect statement, or defect:

MIAMI BEST HOME PA

11 APR 12 PM 12:27

Correct the inaccuracy, incorrect statement, or defect:

NORMA A FABRI, PA



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

NORMA FABRI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00