## F11000000/52/

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	BJECT: United Health Industries Inc
	(Name of Corporation)
DOG	CUMENT NUMBER: F11000001521
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Ma	rio Frezza
	(Name of Person)
Uni	ited Health Industries Inc
	(Name of Firm/Company)
134	18 Washington Avenue # 232
	(Address)
Mia	ımi Beach, FL 33139
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Mar	io Frezza at ( 305 ) 7481704 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	midment Section Amendment Section Sion of Corporations On Building Post Office Box 6327 Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Mario Frezza	, hereby resign as Director
<u>, , , , , , , , , , , , , , , , , , , </u>	(Title)
f United Health Industries Inc.	
(Nan	ne of Corporation)
=11000001521	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	<del></del>
	<i>1</i>
	las Iva.
	Signature of resigning officer/director)

**FILING FEE IS \$35.00** 

Make checks payable to Florida Department of State and mail to:

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