

NO40000002396

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☐ PICK-UP ☐ WAIT ☐ MAIL

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(Document Number)

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*Resignation*

*of  
officer*

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Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

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CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. United Dreams Foundation Corp. NO4000002396  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☐ Certified Copy  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**RESIGNATION OF OFFICER AND DIRECTOR  
AFFIDAVIT**

**STATE OF FLORIDA**

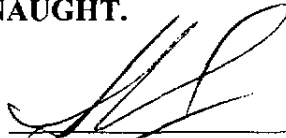
**COUNTY OF MIAMI-DADE**

**FILED**  
**05 JAN -4 PM 12:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**BEFORE ME, the undersigned authority, personally appeared, Susana Cabrera who upon being first duly sworn, says the following:**

- 1. That I, Susana Cabrera , have resigned as Treasurer of United Dream Foundation Corp.. , a Florida Corporation.**
- 2. That the corporation has been notified in writing of the resignation.**

**FURTHER AFFIANT SAYETH NAUGHT.**

  
\_\_\_\_\_  
**Susana Cabrera**

**Sworn to and subscribed before me this 20<sup>th</sup> day of December, 2004.**  
**The undersigned notary public specifies that the affix signature being notarized and that affiant personally appeared before the notary at the of notarization. Affiant is personally know or has furnished know or has furnished \_\_\_\_\_ as identification.**

  
\_\_\_\_\_  
**Notary Public, State of Florida**



**JORGE R. LOPEZ**  
**MY COMMISSION # DD 170023**  
**EXPIRES: December 8, 2006**  
**Bonded Thru Budget Notary Services**