

N04000003689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

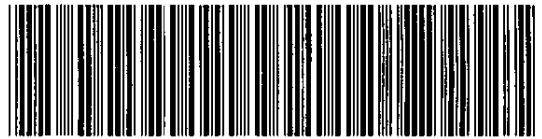
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O/O Resign.

08/19/09

Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA-CUBA HUMANITARIAN AID SOCIETY, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000003689

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabio F. Fiore, M.D.

(Name of Person)

(Name of Firm/Company)

803 South Parsons Ave

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Fabio F Fiore, M.D.

(Name of Person)

at (813) 651-9888

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

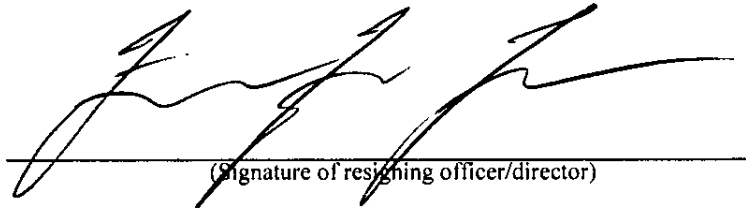
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Fabio F. Fiore, M.D., hereby resign as Director
(Title)

of FLORIDA-CUBA HUMANITARIAN AID SOCIETY, INC.,
(Name of Corporation)

N04000003689, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

FILED
09 AUG 14 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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