

N67000000849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

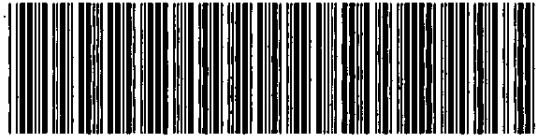
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNICARIBE INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N07000000849

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

Please return all correspondence concerning this matter to the following:

JOSE A. AYBAR

(Name of Person)

UNICARIBE INC.

(Name of Firm/Company)

780 FISHERMAN STREET SUITE # 210

(Address)

OPA-LOCKA, FL 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. AYBAR

(Name of Person)

at ( 305 ) 681-3900 Ext. 224

(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, EVELYN C CASTILLO, hereby resign as DIRECTOR /CFO  
(Title)

of UNICARIBE INC.  
(Name of Corporation)

N07000000849, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
**08 DEC 22 PM 4:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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

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