

N09000007650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

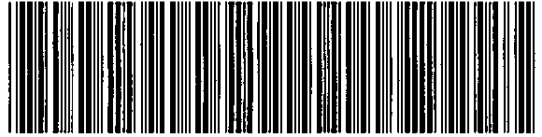
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500160795555

*Resignation  
of officer*

500160795555  
09/29/09--01017--003 \*\*35.00

FILED  
2009 SEP 29 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*10/1/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CENTRO UNIVERSAL DE ESTUDIOS KARDECIANOS INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N09000005518

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

Please return all correspondence concerning this matter to the following:

MARTA MEDINA MEMBIELA

(Name of Person)

(Name of Firm/Company)

6828 S.W. 114 AVENUE

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA MEDINA MEMBIELA

(Name of Person)

at ( 305 ) 270-9796

(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

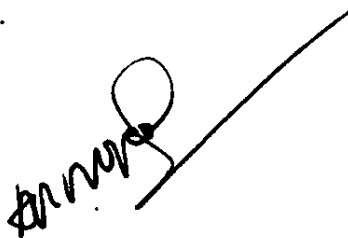
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERTO OROZCO, hereby resign as DIRECTOR, VICE PRESIDENT  
(Title)

of NEW ERA INSTITUTE, INC.  
(Name of Corporation)

N09000007650, 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**

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

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

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