

N/10000003416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

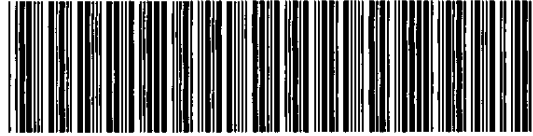
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/12--01021--027 **35.00

off/ DW Resign

FILED
12 APR 30 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 03 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL ASSOCIATION OF MINORITY BUSINESS ENTERPRISE INC
(Name of Corporation)

DOCUMENT NUMBER: N10000003416

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

Please return all correspondence concerning this matter to the following:

MANUEL Sanchez
(Name of Person)

N/A
(Name of Firm/Company)

1470 N. CONGRESS AVE
(Address)

WEST PALM BEACH FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL Sanchez at (561) 7192650
(Name of Person) (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

FILED

12 APR 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, MANUEL SANCHEZ, hereby resign as PRESIDENT
(Title)

of NATIONAL ASSOCIATION OF MINORITY BUSINESS ENTERPRISE, INC.
(Name of Corporation)

N/0000003416, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Manuel Sanchez
(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