

# N 1000000006616

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

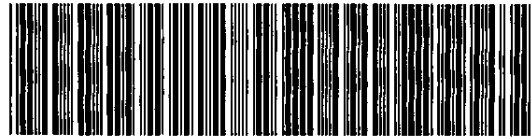
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600185377326

*Resignation  
of officer*

10/04/10--01032--024 \*\*35.00

2010 OCT -4 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

*AR  
10/6/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE AIDS HEALTH EDUCATIONAL FOUNDATION, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N10000006616

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

Please return all correspondence concerning this matter to the following:

**VICTOR APONTE**

(Name of Person)

**THE AIDS HEALTH EDUCATIONAL FOUNDATION**

(Name of Firm/Company)

**3042 NE 13th Ave**

(Address)

**Oakland Park, FL 33334**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GERARDO YEPEZ**

(Name of Person)

at ( **954** ) **288-9994**

(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

**FILED**

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2010 OCT -6 PM 2:30

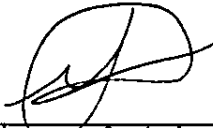
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, VICTOR APONTE, hereby resign as TREASURER  
(Title)

of THE AIDS HEALTH EDUCATIONAL FOUNDATION INC  
(Name of Corporation)

N10000006616, 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