N11000005760

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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TO:

Amendment Section Division of Corporations

COVER LETTER

SUBJECT: NEW HORIZONS BILINGUAL CHARTER SCHOOL INC.

(Name of Corporation)

DOCUMENT NUMBER: N11000005760

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

AMPUDIA, SANDRA B

(Name of Person)

NEW HORIZONS BILINGUAL CHARTER SCHOOL

(Name of Firm/Company)

For further information concerning this matter, please call:

(City/State and Zip Code)

(Address)

AMPUDIA, SANDRA B at (786) 355-5881 (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

Miami, FI 33185

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



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Zully Ruiz	, hereby resign as Director		
	, noreey resign as	(Title)	
of_ NEW HORIZONS BILINGUA			
(Nam	ne of Corporation)		
N11000005760	, a corporation organized under the la	aws of the State of	
(Document Number, if known)			
Florida	·	<u>á</u> r	
		2 % =	
		27 F	
	(Signature of resigning officer/director)		
		# 55 S	

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