

P000000032918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

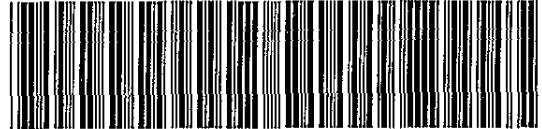
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03 MAR 24 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Official Designation

T BROWN APR - 1 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUREME DOCTOR INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

DANIEL SALAMA
(Name of Person)

IFX
(Name of Firm/Company)

15050 NW 79 COURT. Suite 200
(Address)

MIAMI FL 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL SALAMA at (305) 512-1117
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
03 MAR 24 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DANIEL SALAMA, hereby resign as VP
(Title)

of Creme Doctor, Inc.
(Name of Corporation)

_____, 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