

PD10000000870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

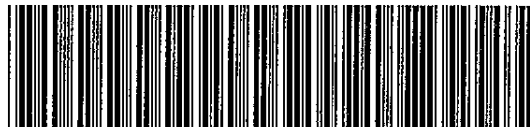
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600048507276

04/04/05--01026--025 \*\*35.00

**FILED**  
05 APR -4 PM 4:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ls 4/12/05  
old res.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Uniphyd Corp.

(Name of Corporation)

**DOCUMENT NUMBER:** P01000000870

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

Please return all correspondence concerning this matter to the following:

Robert L Trinka

(Name of Person)

Uniphyd Corp.

(Name of Firm/Company)

700 S Royal Poinciana Boulevard, Suite 401

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L Trinka

(Name of Person)

at ( 305 ) 779-1770

(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**  
05 APR -4 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Robert L Trink, hereby resign as Director, President, CEO, Ch  
(Title)

of Uniphyd Corp.  
(Name of Corporation)

P0100000870, 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