## P01000029713

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL ·
(Bu	siness Entity Nam	ie)
	<u>.</u>	
(Do	ocument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY DE STATE

Office Use Only

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNYTAILOR CORP.
(Name of Corporation)
DOCUMENT NUMBER: P01000029713
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BEATRICE SALOM
(Name of Person)
UNYTAILOR CORP.
(Name of Firm/Company)
957 SW. 87 AVE.
(Address)
MIAMI, FL 33174
(City/State and Zip Code)
For further information concerning this matter, please call:
BEATRICE SALOM at ( 786 ) 242 0810 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OZDEC-6 AM II: 33
TALLAHASSEE, FLORIDA

I, FABIOLA GOMEZZ	, hereby resign as PRESIDENT (Title)	
of UNYTAILOR, CORP.	ne of Corporation)	<b></b> ,
P01000029713 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	<u> </u>	* *

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314