

PO1000078832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

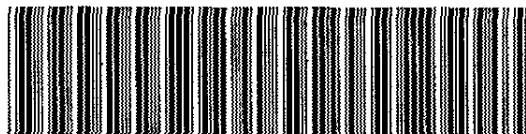
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/06--01051--009 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 25 PM 12:16

Valid.
w/Notice

D. CONNELL AUG 25 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward Career Institute, Inc.

DOCUMENT NUMBER: P01000078832

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iris Garcia
(Name of Contact Person)

Universal Beauty School, Inc.
(Firm/Company)

10720 West Flagler St
(Address)

Sweetwater, FL 33174
(City/State and Zip Code)

For further information concerning this matter, please call:

Iris Garcia at (305) 485-7700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2006

IRIS GARCIA
UNIVERSAL BEAUTY SCHOOL, INC.
10720 WEST FLAGLER STREET
SWEETWATER, FL 33174

SUBJECT: BROWARD CAREER INSTITUTE, INC.
Ref. Number: P01000078832

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 106A00050427

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

the Broward Career Institute, Inc.

SECOND: The document number of the corporation (if known):

P01000078832

THIRD: The date dissolution was authorized:

5/01/06

Effective date of dissolution if applicable:

5/15/06

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Beba Colon

(Typed or printed name of person signing)

Regional Educational Director

(Title of person signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 25 PM 12:16

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Broward Career Institute, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Date, Amount, PROOF OF DELIVERY or receipt,

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9143 TART Street
Pembroke Pines, Fl. 33024

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Beba Colon

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00