

PO1000114393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

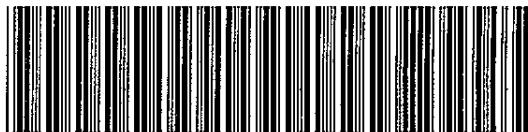
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000021615600

07/28/03--01013--003 \*\*35.00

FILED  
03 JUL 28 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

@  
as  
P  
E  
L

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONSULTORA LATINA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO1000114393

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

Please return all correspondence concerning this matter to the following:

ROXANA INES STUTZ-CAPDEVIELLE  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1049 MASSACHUSETTS AVE  
(Address)

ARLINGTON, MA 02476  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CHARRIERE at ( 703 ) 864-6812  
(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**

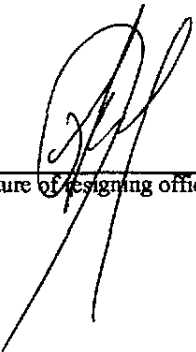
**FILED**  
03 JUL 28 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ROXANA INES STUTZ-CAPDEVIELLE hereby resign as Vice-President  
(Title)

of CONSULTORA LATINA INC.  
(Name of Corporation)

PO1000114393 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