

PO20000025776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

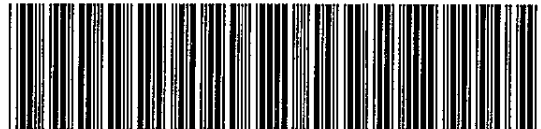
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

SUBJECT: UNITED SERVICES INT'L, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MARCOS REZONDE
Name (Printed or typed)

822 SE 9TH ST PALM PLAZA
Address

DEERFIELD BEACH, FL 33441
City, State & Zip

954 427-4770
Daytime Telephone number

PLEASE MAIL BACK A CERTIFIED COPY
THANKS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: _____

UNITED SERVICE INTERNATIONAL INC
PO2000025776

SECOND: The filing date of the articles of incorporation was: 03/07/2002

THIRD: (CHECK ONE)

- ☒ None of the corporation's shares have been issued.
☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☒ A majority of the incorporators authorized the dissolution.
☒ A majority of the directors authorized the dissolution.

Signed this 08 day of FEBRUARY, 2003

Signature _____

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers listed thru Budget Notary Services directors, by an incorporator.)

MARCUS A. REIS

(Typed or printed name)

DIRECTOR

(Title)



MARCOS A. REZENDE
MY COMMISSION # DD 146554
EXPIRES: September 20, 2006
Notary Public - State of Florida

03 FEB 21 PM 2:01

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA