

PO2000032739

(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



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11/26/03--01022--004 **35.00

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03 DEC 11 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dissoluted ~
JPM
012/15/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Close the Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ANGEL CARABALLO
(Name of Person)

Angel Success Center
(Name of Firm/Company)

P.O. BOX 15628
(Address)

TAMPA FL 33684
(City/State/ and Zip Code)

For further information concerning this matter, please call:

ANGEL CARABALLO at (813) 990-8444
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 5, 2003

ANGEL CARABALLO
ANGEL/SUCCESS CENTER
P.O. BOX 15628
TAMPA, FL 33684

SUBJECT: HISPANIC IMMIGRATION FILING CENTER, INC.
Ref. Number: P02000032739

We have received your document for HISPANIC IMMIGRATION FILING CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To complete your request to dissolve the above listed corporation, you must complete Articles of Dissolution. I have enclosed the appropriate application for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 003A00065427

RECEIVED

03 DEC 11 AM 10:46

DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

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

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

HISPANIC IMMIGRATION FILING CENTER

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

702000032739

THIRD: The file date of the articles of incorporation was:

03/10/03

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

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

SEVENTH: 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 DECEMBER, 2003.

Signature:

Angel Caraballo

(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.)

Angel Caraballo

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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03 DEC 11 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HISPANIC IMMIGRATION FILING CENTER 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:

I close the business

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

P.O. BOX 15628
Tampa FL 33684

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.

Angel Cavaballo
Printed Name of the Person Filing

Angel Cavaballo
Signature of the Person Filing