

PO2000043000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

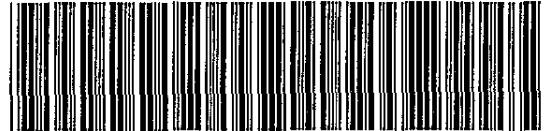
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Focus Development Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000058776

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

Please return all correspondence concerning this matter to the following:

Pierre, Guito
(Name of Person)

(Name of Firm/Company)

P.O. Box 600453
(Address)

N. Miami Beach, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Guito Pierre at (954) 394-9313
(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

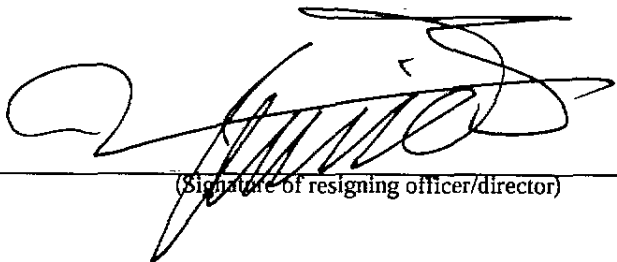
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Guito PIERRE, hereby resign as Director
(Title)

of Focus Auto Clinic of North Miami, INC.
(Name of Corporation)

P02000043000, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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