P02000087327

	questor's Name)	
(Re	questors Marrie)	
(Adı	dress)	
(Ade	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
·	•	
Certified Copies	Certificates	of Status
Continua Copies	_ Ocitinoates	or Glatus
Special Instructions to F	Filing Officer:	

Office Use Only



600062384006

12/27/05--01010--001 **35.00

O5 DEC 27 PH 12: 39
SECRETARY OF STATE



COVER LETTER

Division of Corporations				
SUBJECT: U.W.L Restaurant Corp. (Name of Corporation)				
DOCUMENT NUMBER: P\$2\$\$\$\$4327				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Maria A Rodriguez (Name of Person)				
U.W.L Restaurant Corp (Name of Firm/Company)				
13990 West Dixie Hwy (Address)				
N. Miami /FL/33161 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Daniela Zelaya at (305) 891-0430 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable to the Florida Department of State.				
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314				

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Maria A. Rodriguez, hereby resign as Presic	(Title)		 .
of U.W.L Restaurant Corp. (Name of Corporation)			
$\frac{70200087327}{\text{(Document Number, if known)}}$, a corporation organized under the laws	of the Sta	ite of	
Florida			
(Signature of resigning officer/diffector)			
FILING FEE IS \$35.00	SECRETARY O	05 DEC 27	T F

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to