

P02000105776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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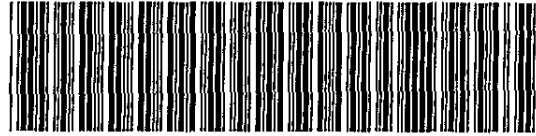
(Business Entity Name)

(Document Number)

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ATTORNEYS, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Unidad Politeca De Religiones Atroubana, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO2000105776

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

Please return all correspondence concerning this matter to the following:

Ana Riveron  
(Name of Person)

Unidad Politeca De Religiones Atroubana, Inc  
(Name of Firm/Company)

8136 SW 163 ct  
(Address)

Miami, FL 33193  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Riveron at (786) 547-6062  
(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**

04 NOV -1 PM 1:39

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, Anna Maria Riveron, hereby resign as PST  
(Title)

of Unidad Polittica De Religions Argentinas Inc,  
(Name of Corporation)

P02000105776, 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