

P02000134607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

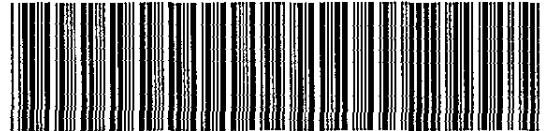
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JAN 13 2003

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RASHEL MEDICAL EQUIPMENT, CORP.  
(Name of Corporation)

DOCUMENT NUMBER: P02000134607

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

FRANCISCO OROPESA  
(Name of Person)

PRESIDENT  
(Name of Firm/Company)

215 SW 17 Ave. Suite # 311  
(Address)

MIAMI, FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

YULEXI PUJOL at ( 305 ) 244-6853  
(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  
03 JAN -6 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, FRANCISCO OROPESA, hereby resign as President  
(Title)

of RASHEL MEDICAL EQUIPMENT, CORP.  
(Name of Corporation)

P02000134607, 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