P03000001875

**		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	JECT: MAZZEI HAIR DESIGNERS, INC.
5050	(Name of Corporation)
DOC	UMENT NUMBER: P03000021875
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
OLG	GA MAZZEI, DIRECTOR
	(Name of Person)
MAZ	ZZEI HAIR DESIGNERS, INC.
	(Name of Firm/Company)
584	8 SW 73 STREET
	(Address)
MIA	MI, FL. 33143
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
OLG	A MAZZEI at (305 666-2549 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. I	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

`TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. NICK A. MAZZEI	hereby resign as	VICE PRESIDENT	01 NON 10	4
of MAZZEI HAIR DESIGNER		(Tidg: A	-5 PH 5	1
(1	Name of Corporation)	RE	<u></u>	وموروسا
P03000021875 (Document Number, if known)	, a corporation organized un	der the laws of the State	ယ of	
FLORIDA				

Norkl Huertas

My Commission DD092870

Expires fune 06, 2006

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