

PD3000021875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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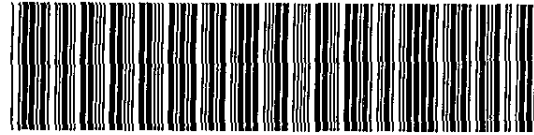
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAZZEI HAIR DESIGNERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000021875

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

Please return all correspondence concerning this matter to the following:

OLGA MAZZEI, DIRECTOR

(Name of Person)

MAZZEI HAIR DESIGNERS, INC.

(Name of Firm/Company)

5848 SW 73 STREET

(Address)

MIAMI, FL. 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA MAZZEI

(Name of Person)

at ( 305 ) 666-2549

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 15, 2004

OLGA MAZZEI  
MAZZEI HAIR DESIGNERS, INC.  
5848 S.W. 73RD STREET  
MIAMI, FL 33143

We have received your document for MAZZEI HAIR DESIGNERS, INC.. However, the document has not been filed and is being returned for the following:

The fee to resign as officer/director for a corporation is \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 804A00064996

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIA URRUTIA, hereby resign as VICE PRESIDENT  
(Title)  
of MAZZEI HAIR DESIGNERS, INC.  
(Name of Corporation)

P03000021875, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

**FILED**  
04 DEC 17 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Margabel Urrutia*

*Norki Huertas*



Norki Huertas  
My Commission DD092870  
Expires June 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