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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | cy/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

Division of Corporations MAK TREE INC (Name of Corporation) PO 3000036522 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ALBERTO SILBER** (Name of Person) MAK TREE INC (Name of Firm/Company) **6785 SW 21ST STEET** (Address) **MIAMI FL.33155** (City/State and Zip Code) For further information concerning this matter, please call: ALBERTO SILBER (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: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | , hereby resign as(Title) |
|-----------------------------|--|
| ofMAK TREE, INC. (Name of C | |
| PO 3000036522 , a | a corporation organized under the laws of the State of |
| FLORIDA | TALL SE |
| | 3 OCT |
| <u>Alber</u> | ature 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