

P03000065279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

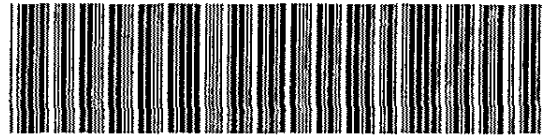
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100043746401

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 JUN 20 PM 12:11

01/20/05--01006--019 \*\*35.00

O/D Resig.

YB

1/25

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MASTER FORKLIFT CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000065279

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

FELIPE DE ARMAS  
(Name of Person)

MASTER FORKLIFT CORP.  
(Name of Firm/Company)

3675 N.W. 12TH STREET  
(Address)

MIAMI, FL 33125  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO J. MENDEZ at (305) 487-3377  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 JAN 20 PM 12:11

I, MARIA L CONTINO, hereby resign as P/D  
(Title)

of MASTER FORKLIFT CORP.  
(Name of Corporation)

P03000065279, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

x Maria Lety Contino  
(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