P03000131642

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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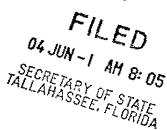
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TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: Mendez & Saltz			<u> </u>
	(Name of Corp	poration)	
DOCUMENT NUMBER: PI	03000131642		ن ي <u></u>
The enclosed Officer/Director Re	signation for a Corporat	tion and fee are submitted	l for filing.
Please return all correspondence of	concerning this matter to	o the following:	
Marcia A. Saltz			
(Name of Pe	erson)		
Mendez & Saltz Inc.			
(Name of Firm/C	Company	- 	2
·	Jonnyany y		
2565 NE 296 Lane			t =
(Address	s)		
Aventura, FL 33180			
(City/State and 2	Zip Code)	·	
For further information concerning	_	1:	
Marcia A. Saltz	at (466-5516 Code & Daytime Telephone	
(Name of Person)	(Area C	ode & Daytime Telephone	Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florio	da Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpora 409 E. Gaines Street Tallahassee, FL 323	tions t	-

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	Pablo E. Mendez	President	
I,		hereby resign as (Title)	
of	Mendez & Saltz Ind	· ·	
<i>"</i>	(1	Vame of Corporation)	
	P03000131642		
	(Document Number, if known)	, a corporation organized under the laws of the State of	
	Florida		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		SIN. a	
		the state of the s	
		(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

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