P03000150128

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Business Entity Name)
•
(Document Number)
(Document Number)
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
epocial monaccions to a mag emech

Office Use Only



700045413667

01/28/05--01068--008 **210.00

05 JAN 28 PM 1: 31

aroff

LAW OFFICE

RICHARD GOLDSTONE, P.A.

2717 WEST CYPRESS CREEK ROAD SUITE 800 FORT LAUDERDALE, FLORIDA 33309 TELEPHONE: (954) 917-6996 / TELEFAX: (954) 917-5455

January 26, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: Officer/Director Resignations:

> NEWBERRY PARK BLDG. 1, INC./NEWBERRY PARK 678, INC. BELLO PROPERTY MANAGEMENT, INC./ERP MOLDING, INC.

SPECIALTY MACHINING, INC./ENDOSCOPY REPLACEMENT PARTS, INC.

Ladies and Gentlemen:

Please find enclosed for filing in the referenced Florida corporations the Officer/Director Resignations of Shelly J. Bello. There is one resignation form for each corporation.

Included here is our firm's check payable to your order in the amount of \$210.00 to cover the cost of the filing fees for the enclosed forms. Thanking you in advance for your attention to these matters, I am

Yours very truly,

RICHARD GOLDSTONE, P.A.

RG/wa

Enclosures: as stated



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

D5 JAN 28 PH 1: 35

I , _	Shelly	J. Be	211o		, hereby resign as S	ecretary/Treasure
						(Title)
of	NEWBERRY	PARK	678,	INC.		
				(Na	me of Corporation)	
a cor	poration organ	ized und	ler the	laws of t	ne State of Florida	
and a	affirm that the	corporat	ion has	been no	ified in writing of the resignation	n.
	_	S	1 lu	ust	Burs	
				/_ (Si	gnature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314