

P040000031270

(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



900035224989

05/03/04--01075--016 **35.00

FILED
04 MAY -3 AM 9:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

0/5 Resign
M
5/8/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chispi's Restaurant, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P04000031270

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

Please return all correspondence concerning this matter to the following:

Beatrice Pozo

(Name of Person)

Chispi's Restaurant, Inc.

(Name of Firm/Company)

205 San Luis

(Address)

Clewiston, Florida 33440

(City/State and Zip Code)

For further information concerning this matter, please call:

Beatrice Pozo

(Name of Person)

at (863) 228-0293

(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

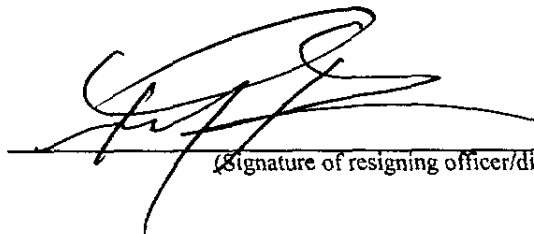
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Felipe f. Rodriguez, hereby resign as Treasurer & Subscriber
(Title)

of Chispi's Restaurant, Inc.
(Name of Corporation)

P04000031270, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
04 MAY -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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