

PD4000107952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

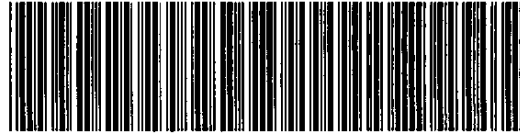
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*M/Ed Leo*

FILED  
11 NOV - 1 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts NOV 03 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 NOV -1 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 13, 2010

EDIMIA M PESANTES  
EUREKA INSTITUTE OF HEALTH  
11373 W FLAGLER ST STE 209 (2ND MAILING)  
MIAMI, FL 33174

SUBJECT: EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  
Ref. Number: P04000107952

We have received your document for EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 910A00022961



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2010

EDIMIA M PESANTES  
EUREKA INSTITUTE OF HEALTH  
11373 W FLAGLER ST STE 309  
MIAMI, FL 33174

SUBJECT: EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  
Ref. Number: P04000107952

We have received your document for EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina Roberts  
Regulatory Specialist II

Letter Number: 910A00022961

RECEIVED  
10 OCT 12 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000107952

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

Please return all correspondence concerning this matter to the following:

EDIMIA M PESANTES

(Name of Person)

EUREKA INSTITUTE OF HEALTH

(Name of Firm/Company)

11373 W FLAGLER ST STE ~~309~~

209

(Address)

Miami, FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

EDIMIA M PESANTES

(Name of Person)

at ( 305 ) 480-1005

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

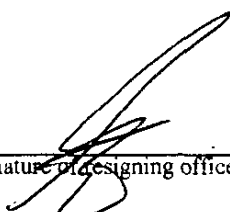
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
10 NOV - 1 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, FANERY CUERVO, hereby resign as AD  
(Title)

of EUREKA INSTITUTE OF HEALTH AND BEAUTY INC.  
(Name of Corporation)

P04000107952, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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