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TRANSMITTAL LETTER

Amendment Section Division of Corporations SMB BUSINESS ENTERPRISES INC (Name of Corporation) **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PERCY COLOMBIER (Name of Person) SMB BUSINESS ENTERPRISES INC (Name of Firm/Company) 16218 COLLINS AVE (Address) SUNNY ISLES, FL 33160 (City/State and Zip Code) For further information concerning this matter, please call: PERCY COLOMBIER (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: **Street Address:** Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

ELLED

OFFICER / DIRECTOR RESIGNATION 04 NOV -9 AM 11: 58

7 No. 10 No.	hereby resign as TREASURER
	(Title)
$_{ m f}$ SMB BUSINESS ENTERPRISES,IN	C,
(Name of Corpo	oration)
POHOO 127370, a cor (Document Number, if known)	poration organized under the laws of the State of
FLORIDA	
•	
_	
	_
	1/100
	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