PO4000149883

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	·
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GATE 2 TEST INC.
(Name of Corporation)
DOCUMENT NUMBER: P04000149883
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RUY PARDO
(Name of Person)
GATE 2 TEST INC.
(Name of Firm/Company)
7125 BONITA DR. APT 406
(Address)
MIAMI / FL 33141
(City/State and Zip Code)
For further information concerning this matter, please call:
RUY PARDO at (786) 486.0066 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RUY A . PARDO	, hereby resign as VICE PRESIDENT
	(Title)
of_GATE 2 TEST INC	
(Na	ame of Corporation)
P04000149883 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	 -*
	(Signature of resigning officer/director)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: