

PD5000148842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

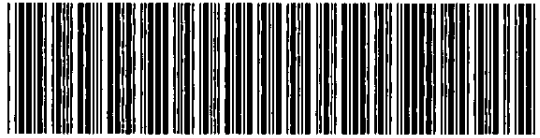
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800138499248

12/10/08--01023--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 10 PM 2:15

OD / Res
@ 12/12/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BISCAYNE WIRELESS CORP.
(Name of Corporation)

DOCUMENT NUMBER: P05000148842

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

Please return all correspondence concerning this matter to the following:

LUIS TORRESE
(Name of Person)

BISCAYNE WIRELESS CORP.
(Name of Firm/Company)

2405 BISCAYNE BLVD
(Address)

MIAMI, FL. 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS TORRESE at (305) 300-1811
(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

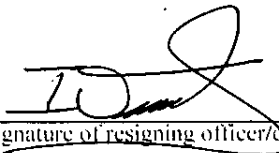
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ITALO TORRESE SR., hereby resign as SECRETARY
(Title)

of BISCAYNE WIRELESS CORP.
(Name of Corporation)

P 05000148842, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 10 PM 2:15

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