## P06000 03839

(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



900121718579

04/03/00--01022--007 ••35.00

CO ADD -3 PM 3: 33

0D/RES (1a, 4, n, 08

## **COVER LETTER**

Division of Corporations
SUBJECT: ALP FOOD MART INC  (Name of Corporation)  DOCUMENT NUMBER: PO66016 3839
DOCUMENT NUMBER: 70660163839
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
OSAMA S KAYAUI CPA RA (Name of Firm/Company)
8064 N. 5674 57. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
OSAMA KAYALI at (313) 899.9642 (Name of Person) at (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

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MABIL HABOUB, hereby resign as Dicector fre	<u>side</u>	nt
of A&P FOOD MART INC. (Name of Corporation)		<b>,</b>
Polo 500 0 3-839 , a corporation organized under the laws of the State (Document Number, if known)	e of	
Florida		
(Signature of resigning officer/director)		
	08 APR	DIVISION OF

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