

P07000056696

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAMBO STYLE BARBER SHOP, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000056696

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**VICTOR ZAPATA**

(Name of Contact Person)

(Firm/Company)

**3820 NW 183RD ST**

(Address)

**OPALOCKA FL 33055 US**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ZAPATA, VICTOR**

(Name of Contact Person)

at ( 954 ) 793-8557

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF CORRECTION**

for

**MAMBO STYLE BARBER SHOP, INC**

Name of Corporation as currently filed with the Florida Dept. of State

**P07000056696**

Document Number (if known)

**FILED**  
**07 MAY 21 AM 7:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct P07000056696  
(Document Type Being Corrected)


filed with the Department of State on 05/10/2007  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Corporation name should only be MAMBO STYLE , INC

Correct the inaccuracy, incorrect statement, or defect:

Please remove the Barber Shop from the Corporation name.

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**VICTOR ZAPATA**

(Typed or printed name of person signing)

**PD**

(Title of person signing)

**Filing Fee: \$35.00**