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(Requ	iestor's Name)	•
(Addre	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Transfer.

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## **COVER LETTER**

SUBJECT: SBR BEAUTY INC
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: P07000100526
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
· · · · · · · · · · · · · · · · · · ·
Please return all correspondence concerning this matter to the following:
MOHAMMED ALBASHITI
(Name of Person)
(Name of Firm/Company)
2560 BEARSS AVE
(Address)
TAMPA FL 33613
(City/State and Zip Code)
For further information concerning this matter, please call:
MOHAMMED ALBASHITI 813 368-7192
MOHAMMED ALBASHITI at (813) 368-7192 (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: Mailing Address: Amendment Section Amendment Section
Division of Corporations Division of Corporations
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION FOR A CORPORATION 2009 JUL 30 PM:5: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MOHAMMAD MUHIAR	, hereby resign as OOFICER
	(Title)
of SBR BEAUTY INC	
	e of Corporation)
P07000100526 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
, Ma	hellei

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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