P11000084604

(Req	uestor's Name)	
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(Add	ress)	
(City.	/State/Zip/Phone	
PICK-UP	WAIT ,	MAIL
(Bus	iness Entity Nam	ne)
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Off Resign



JUL 1 0 2012

T. LEWIS

COVER LETTER

SUBJECT: YOU'RE V.I.P. BEAUTY SALON AND SPA. CORP.
(Name of Corporation)
DOCUMENT NUMBER: P 11000084604
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TANZIN, AFROZ
(Name of Person)
YOU'RE V.I.P BEAUTY SALON AND SPA. CORP.
(Name of Firm/Company)
960 79 TERR #1
(Address)
MIAMI FL 33141
(City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM VIECCO at (305) 720-4615 (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

TO:

Amendment Section Division of Corporations June 21, 2012

Florida Department of State Division of Corporations

Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

Dear Sir:

I send two check: 2512 and 2514. Both check had been collected for the State of Florida.

But the correction is not correct when is showing in the Internet.

The new President will be: MAURICIO ESPINOSA WILL BE THE PRESIDENT.

THE VICE PRESIDENT RESIGN MRS. TANZIN AFROZ:

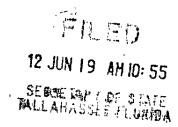
MR. MAURICIO ESPINOSA WIŁL BE ALSO VICE-PRESIDENT.

PLEASE CORRECT THIS ISSUED IN THE SYSTEM

VERY TRULY

WILLIAM VIECCO

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, TANZIN, AFROZ, hereby resign as VICE President
(Title)
of Ou're V.I.P. Beauty Salon and Sta Corp. (Name of Corporation)
^
a corporation organized under the laws of the State of
(Document Number, if known)
TOTEda
NaIN AFROZ
X TANZIN AFROZ
(Signature of resigning officer/director)

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