## P12000032133

(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



400227483924

04/09/12--01022--023 \*\*35.00



Chillenne

'APR 9 2012 C. MUSTAIN

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

	•	
SUBJECT: IMAGINE BELLA SPA, CORP		
PAGE 17 STATE NUMBER P12000032133		
DOCUMENT NUMBER: P12000032	133	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARIA CRUZ GOMEZ  Name of Contact Person		
Name of Contact Costs		
IMAGINE BELLA SPA, CORP		
· Firm/Company		
8401 SW 43TH ST	•	
Address	· · · · · · · · · · · · · · · · · · ·	
MIAMI , FL 33155		
City/State and Zip Code	<del></del>	
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please call:		
MARIA CRUZ GOMEZ	-4	
Name of Contact Person	_ at (	
-		
Enclosed is a check for the following amou	nt:	
<b>☑</b> \$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:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee FL 32301	

## ARTICLES OF CORRECTION

for

## IMAGINE BELLA SPA, CORP Name of Corporation as currently filed with the Florida Dept. of State

P12000032133
Document Number (if known)
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 NAME OF PRESIDENT AND ADDRESS  (Document Type Being Corrected)
filed with the Department of State on 04/03/2012  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
THE NAME OF THE REGISTERED AGENT AND PRESIDENT: MARIA A CRUZ
THE PRINCIPAL , MAILING AND PRESIDENT ADDRESS:
8401 SW 43RD ST
MIAMI, FL 33165
-
Correct the inaccuracy, incorrect statement, or defect:
THE CORRECT NAME OF THE REGISTERED AGENT AND PRESIDENT:
MARIA CRUZ GOMEZ
THE CORRECT PRINCIPAL , MAILING AND PRESIDENT ADDRESS:
8401 SW 43RD ST
MIAMI, FL 33155
·
andones
(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.)

**PRESIDENT** 

MARIA CRUZ GOMEZ
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00