P14000014117

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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02/24/15--01005--027 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

15 FEB 24 PH 2:

EB 2.7 2016



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Universal Exports Partners Corp.
(Name of Corporation) DOCUMENT NUMBER: P14000014117
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cesar Caiaffo
(Name of Person)
(Name of Firm/Company)
795 CRYSTAL LAKE DR
(Address)
DEERFIELD BEACH, FL 33064
(City/State and Zip Code)
For further information concerning this matter, please call:
Cesar Caiaffo (Name of Person) at (954) 901-1087 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

TO:

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

00	VD		
_{ı,} Cesar Caiaffo	, hereby resign as VP	[a)	
	· ·	ie)	
of Universal Exports	s Partners Corp.		
(Nar	ne of Corporation)		,
P14000014117 (Document Number, if known)	, a corporation organized under the laws of the	State of	
Florida	·		
	(Signature of resigning officer/director)		
	FILING FEE IS \$35.00	15 SE(TALL	
Make checks payab	le to Florida Department of State and mail to:	FEB 24 CRETARY LAHASSEI	
	Amendment Section Division of Corporations P.O. Box 6327	PH 2: 0 OF STATE, FLORI	

Tallahassee, Florida 32314

STATE OF FLORIDA
COUNTY OF DOWN(2)

The foregoing instrument was acknowledged before me this Down day of Feb. 2015
by Cesa Caia Feb.
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known Produced Identification
Type of Identification Produced For the Downs

