P19000 063 042

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000332663620

08/02/19--01003--019 **35.00

SERRETARY OF STAID

AUB 08 1717 T SCHROEDER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: U Personal Care, Inc. (Name of Corporation)
DOCUMENT NUMBER: P19000053042
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Onnier Chao
(Name of Person)
Onnier Chao
(Name of Firm/Company)
12772 SW 209th Street
(Address)
Miami, FL 33177
(City/State and Zip Code)
For further information concerning this matter, please call:
Onnier Chao at (786 7690020 (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.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Onnier Chao	hereby resign as President	
1,	Title)	
of U Personal Care, Inc	·	
P19000053042 (Document Number, if known)	corporation organized under the laws of the State of	
Florida		
Signat	19 AUG -2 PH I4 10 SELECTION OF STATE FALL AHASSEE, FLORID	

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