

P21000080998

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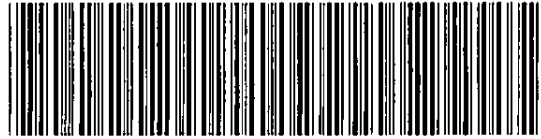
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2024 SEP -3 PM 12:57
J. HORNE, Esq.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI AUTO LUX SERVICES CORP

(Name of Corporation)

DOCUMENT NUMBER: P21000080998

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHAN ACEVEDO (deceased person)

(Name of Person)

MIAMI AUTO LUX SERVICES CORP

(Name of Firm/Company)

9601 Fountainbleau blvd , apto 109,

(Address)

Miami , FL. 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR A GIRALDO ARISTIZABAL at (786) 5986431

(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:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2024 SEP -3 PM 12: 57

STATE OF FLORIDA

I, JOHAN ACEVEDO (deceased person), hereby resign as VP
(Title)

of MIAMI AUTO LUX SERVICES CORP
(Name of Corporation)

S7 - --- a corporation organized under the laws of the State of
(Document Number, if known)

FL

Certification of Death Attached
(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

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024056437

DATE ISSUED: APRIL 1, 2024

DECEDENT INFORMATION

DATE FILED: MARCH 31, 2024

NAME: JOHAN CAMILO ACEVEDO-GIRALDO

DATE OF DEATH: MARCH 25, 2024

SEX: MALE

SSN: 858-91-4577

AGE: 046 YEARS

DATE OF BIRTH: JANUARY 26, 1979

BIRTHPLACE: ANTIOQUIA, ENVIADO, COLOMBIA

PLACE OF DEATH: EXPRESSWAY

FACILITY NAME OR STREET ADDRESS: N TURNPIKE ON RAMP 8 & NE 1ST AVE

LOCATION OF DEATH: HOMESTEAD, MIAMI-DADE COUNTY, 33034

RESIDENCE: 440 NORTHEAST 4TH TERRACE, FLORIDA CITY, FLORIDA 33035, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: UBER DRIVER, UBER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, COLOMBIAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: NEVER-MARRIED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: HECTOR ACEVEDO RENDON

MOTHER'S/PARENT'S NAME: FABIOLA GIRALDO ROCHA

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: FABIOLA GIRALDO ROCHA

RELATIONSHIP TO DECEDENT: MOTHER

INFORMANT'S ADDRESS: 156 MADISON STREET, DOVER, NEW JERSEY 07801, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MAYKEL RIBALTA, F076240

FUNERAL FACILITY: VALLES FUNERAL HOMES & CREMATORY F087521

12830 NW 42 AVE, OPA LOCKA, FLORIDA 33054

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FLORIDA CREMATION SERVICES, LLC

OPA-LOCKA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 241100918

TIME OF DEATH (24 HOUR): 2341

DATE CERTIFIED: MARCH 29, 2024

CERTIFIER'S NAME: CHELSEA ELIZABETH CORNELL

CERTIFIER'S LICENSE NUMBER: TRN36977

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER) NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: Accident

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. BLUNT FORCE INJURIES OF HEAD

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: MARCH 25, 2024

TIME OF INJURY (24 HOUR): 2331

INJURY AT WORK? NO

LOCATION OF INJURY: N TURNPIKE ON RAMP 8 & NE 1ST AVE, HOMESTEAD, FLORIDA 33034, UNITED STATES

DESCRIBE HOW INJURY OCCURRED:

DRIVER OF S.U.V. THAT COLLIDED WITH ANOTHER VEHICLE

PLACE OF INJURY: EXPRESSWAY

IF TRANSPORTATION INJURY, STATUS OF DECEDENT: DRIVER/OPERATOR

TYPE OF VEHICLE: S.U.V.

, STATE REGISTRAR

REQ. 2026358884

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