

P94000013209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

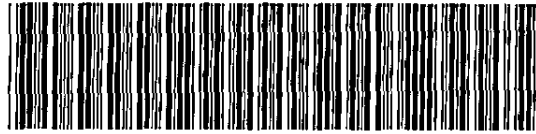
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600048199796

04/04/05--01059--015 **35.00

FILED
05 APR - 1 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-4
initial



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 17, 2005

AMR PROGRAM, INC.
% R. ARZAPALO
4545 NW 103RD AVE., #203
SUNRISE, FL 33351

SUBJECT: A.M.R. PROGRAM INC., ASSET MANAGEMENT AND REVENUE
CORP.

Ref. Number: P94000013209

We have received your document for A.M.R. PROGRAM INC., ASSET
MANAGEMENT AND REVENUE CORP., however, upon receipt of your
document no check was enclosed. Please send a check or money order payable
to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 305A00018515

RECEIVED
05 APR - 1 AM 8:18
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P94000013209

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Arzapalo

(Name of Person)

AMR Program, Inc.

(Name of Firm/Company)

4545 NW 103 Ave., #203

(Address)

Sunrise, FL 33351

(City/State/and Zip Code)

For further information concerning this matter, please call:

R. Arzapalo

(Name of Person)

at (954) 746 5678

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|--|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

05 MAR 17 PM 9:48

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

A.M.R. PROGRAM INC..ASSET MANAGEMENT AND REVENUE CORP

SECOND: The document number of the corporation (if known): P94000013209

THIRD: The date dissolution was authorized: JUNE 30, 2004

Effective date of dissolution if applicable: FILING DATE

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 15TH day of FEBRUARY, 2005

Signature: R. Arzapalo

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

R. Arzapalo

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35

FILED
05 APR - 1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA