## P90000020419

(Reques	tor's Name)	
(Address	s)	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of St	tatus

Humberto Pulbano advised to Filip Officer: he needs a letter stating of Resigned since he was deleted on the 2005 A.R.

Office Use Only

0D/RES 10/11.8.04



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DIVISION OF STATE COMPANY OF STATE OF S

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: INTERBROOF INC  (Name of Corporation)  DOCUMENT NUMBER: P960 000 26 419
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
HUMBERTO QUIBANO (Name of Person)  Interbroup Inc (Name of Firm/Company)  2609 woocbright Rd, Site 2 (Address)  Boynton Od A 33 y 36 (City/State and Zip Code)  For further information concerning this matter, please call:
HUMBERTO QUIBANO at (561) 308 22 98  (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
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LUZ X. Qui	BANO, hereby resign as View President/Societary
of INTERGRA	
	me of Corporation)
P9 60 000 26 9 1 9 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	

July (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
Tallahastee, Florida 32314

DIVISION -6 AM 9: 45