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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Wall STREET FINANCIAL PARTNERS INC  
(Name of Corporation)

DOCUMENT NUMBER: UCSFL23R

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

Please return all correspondence concerning this matter to the following:

RAFAEL CONDE  
(Name of Person)

WALL STREET FINANCIAL PARTNERS INC  
(Name of Firm/Company)

1900 GLADES RD STE 207  
(Address)

BOCA RATON FLORIDA 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL CONDE at (561) 392-8523  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ben D Dembin, hereby resign as Vice President  
(Title)

of WALL STREET FINANCIAL PARTNERS INC.,  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

BDD

(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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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