

T1900000/121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

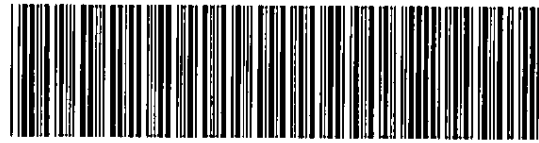
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Santa Catrina**

(Name of Mark to be cancelled)

The enclosed Application for the Cancellation of a Trademark and/or Service Mark and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Miguel A. Castro, Esq.**

(Contact Person)

**Casven Law, P.A.**

(Firm/Company)

**2655 S. Le Jeune Road, Suite 313**

(Address)

**Coral Gables, FL 33134**

(City, State and Zip Code)

For further information concerning this matter, please call:

**Miguel A. Castro** at ( **305** ) **779-4826**

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$50.00 Filing Fee

☐ \$102.50 Filing Fee and Certified Copy

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

APPLICATION FOR THE CANCELLATION OF A  
TRADEMARK AND/OR SERVICE MARK

Pursuant to s. 495.101, Florida Statutes, the undersigned hereby submit(s) this application to cancel the following trademark and/or service mark registration:

1. Mark to be cancelled: Santa Catrina  
2. Registration Number: T19000001121  
3. Date of Registration: September 16, 2019  
4. Signature of Owner(s):

Owner's Signature

Jorge Alejandro Romo Navarro as President

Typed or Printed Name of Person Signing Above

Alpi Management Services Inc.

Typed or Printed Name of Owner

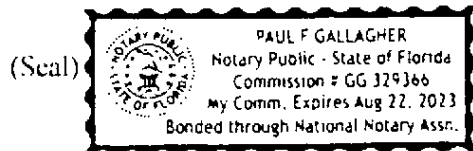
STATE OF FLORIDA

COUNTY OF Broward

Sworn to and subscribed by me on n this 25 day of October, 2019 Jorge Alejandro Romo Navarro  
(Name of Individual Signing)

personally appeared before me, ☒ who is/are personally known to me or ☐ whose

identity (ies) I proved on the basis of Florida Drivers License



Tamara Gallagher  
Notary Public's Signature

Paul Gallagher  
Notary Public's Printed Name

My Commission Expires: 08/22/23

(Attach additional sheet if necessary)

Filing Fee: \$50.00

Certified Copy (optional): \$52.50

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