

PGS 000122427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

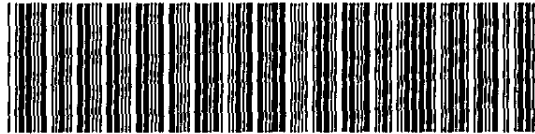
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELLAFORMA CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO5000122427

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

Please return all correspondence concerning this matter to the following:

ANDREA FABIANA BLUMER  
(Name of Person)

BELLAFORMA CORP.  
(Name of Firm/Company)

10011 PINES BLVD. SUITE 203 "L"  
(Address)

PEMBROKE PINES, FLORIDA 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA FABIANA BLUMER at (954) 605-5682  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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05 OCT - 7 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 09177

52.50 FILING FEE  
CERTIFICATE OF STATUS &  
CERTIFIED COPY  
(ADDITIONAL COPY IS ENCLOSED)

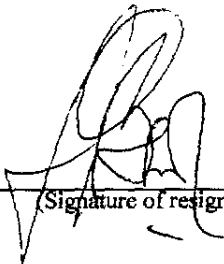
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ANDREA FABIANA BLUMER hereby resign as PRESIDENT  
(Title)

of BELLAFORMA CORP.  
(Name of Corporation)

POS000122427, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA