

POE000051824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

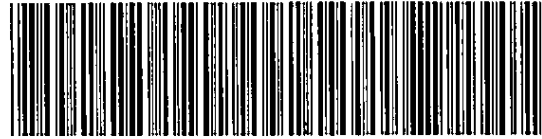
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900325120499

02/27/19 --01022--010 \$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 27 PM 4: 08

Done w/notice

MAR 04 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURAL BELLA R INC.

DOCUMENT NUMBER: P08000051824

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

Please return all correspondence concerning this matter to the following:

RAVIT ELBAZ

(Name of Contact Person)

(Firm/Company)

5450 Tyler St

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

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For further information concerning this matter, please call:

(Name of Contact Person)

at (954) 655 2698

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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, FL 32314

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
NATURAL BELLA R INC.

SECOND: The document number of the corporation (if known): P08000051824

THIRD: The file date of the articles of incorporation: 05/27/2008

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: *Ravitz*

(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.)

RAVIT ELBAZ

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of Person Signing)

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Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: NATURAL BELLA R INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

See attached Statement of fact.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)


5450 Tyler Street
Hollywood, FL 33021

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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RAVIT ELBAZ

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

VOLUNTARY STATEMENTRavit Elbaz

Name

Rank/Rate

Social Security Number

Command

Division

Section

Phone

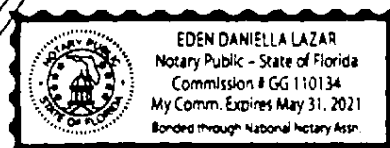
I, RAVIT ELBAZ, hereby make the following statement:

I closed the company, Natural Bella R in 2017. I used to sell skin care products through this company. Two days ago I saw on Sunbiz that someone reinstated my company under both his name and mine I have no idea who this person is and I am not affiliated in any way with his company. He stole my identity and information. Please shut down this company and recommend them.

I swear (or affirm) that the information in the statement above and on the ___ attached page(s) is true to the best of my knowledge or belief.

[Signature]
(Witness Signature)2.21.19
(Date)11.03 am
Time

Sworn to and subscribed before me on this date.

[Signature]
(Investigator's Signature)2.21.19
(Date)10.45 am
Time



Complaint Referral Form Internet Crime Complaint Center

Victim Information

Name: Ravit Elbaz
Business Name: Natural Bella R
Age: [None]
Address: 5502 SW 28th Terr
Address (continued):
Suite/Apt./Mail Stop:
City: Fort Lauderdale
County:
Country: Falkland Islands (Malvinas)
State: [None]
Zip Code/Route: 33312
Phone Number: 9546552698
Email Address: mamaperla555@gmail.com
Business IT POC, if applicable:
Other Business POC, if applicable:

Description of Incident

Provide a description of the incident and how you were victimized. Provide information not captured elsewhere in this complaint form.

I closed Natural Bella R Inc., my company (I was the sole owner) in 2017. Yesterday, when I looked in sunbiz I found out someone re opened my company, under my name and his name, Kossi Adovi. I never met this person and I never authorized anybody to reopen my company or use my name.

Which of the following were used in this incident? (Check all that apply.)

- ☐ Spoofed Email
☐ Similar Domain
☐ Email Intrusion
☒ Other Please specify: they used my name and the name of my company I do

Law enforcement or regulatory agencies may desire copies of pertinent documents or other evidence regarding your complaint.

Originals should be retained for use by law enforcement agencies.

Information About The Subject(s) Who Victimized You

Name: Adovi Kossi
Business Name:
Address: 2510 Broward Blvd
Address (continued):
Suite/Apt./Mail Stop:

2/20/2019

IC3 Complaint Referral Form

City: Fort Lauderdale
Country: United States of America
State: Florida
Zip Code/Route: 33312
Phone Number: 9543611217
Email Address: info@naturalbellar.com
Website:
IP Address:

Other Information

If an email was used in this incident, please provide a copy of the entire email including full email headers.

n/a

Are there any other witnesses or victims to this incident?

no

If you have reported this incident to other law enforcement or government agencies, please provide the name, phone number, email, date reported, report number, etc.

I went to the Broward police department but they told me to file the report on line.

☐ Check here if this is an update to a previously filed complaint:

Who Filed the Complaint

Were you the victim in the incident described above? Yes

Digital Signature

By digitally signing this document, I affirm that the information I provided is true and accurate to the best of my knowledge. I understand that providing false information could make me subject to fine, imprisonment, or both. (Title 18, U.S. Code, Section 1001)

Digital Signature: Ravit Elbaz

Thank you for submitting your complaint to the IC3. Please save or print a copy for your records. ***This is the only time you will have to make a copy of your complaint.***