

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90173 015 \*\*\*158.75

DOCUMENT # P00000037971 ✓

1. Entity Name

International B Natural Beauty School, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3774 W. Oakland Pl Blvd

3. Mailing Address

3774 W. Oakland Pl Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

Country

33311

U.S.

Zip

Country

33311

U.S.

4. FEI Number

76-0708381

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Bessie Ann B. Dennis

Street Address (P.O. Box Number is Not Acceptable)

3698 NW 29 St

City Lauderdale Lakes FL

Zip Code 33311

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Bessie Dennis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SRVP  
NAME DENNIS, ERIC III  
STREET ADDRESS 3698 NW 29 St.  
CITY-ST-ZIP Lauderdale Lakes, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Trustee  
NAME NATALIE  
STREET ADDRESS 3698 NW 29 St  
CITY-ST-ZIP Lauderdale Lakes, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Bessie Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02 954-733-4800

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

International B. Naturale Beauty School, Inc.  
3774 W. Oakland Park Blvd.  
Lauderdale Lakes, Fla. 33311  
Document # : P00000037971

41790



July 1, 2002

Florida Department of State  
Reinstatement Department  
Tyrone Scott  
Division of Corporations

Dear Mr. Scott:

We did not receive the reinstatement letter due to postal problems. Please contact us if there are any additional questions.

Please find attached a check in the amount of \$158.75 for our reinstatement.

We appreciate your consideration in this matter.

Sincerely,

  
Bessie Dennis  
President

P.s. because of marriage my name is now Bessie Dennis please change this information

Cc: Business file

Department of Health • Vital Statistics

**STATE OF FLORIDA  
MARRIAGE RECORD**

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

FILE NUMBER

DATE RETURNED:

RECORDED: BOOK

HOWARD C. FORMAN, CLERK OF COURT

BY ... *ER* ..., DEPUTY CLERK

ML-CE-01-012512

APPLICATION NUMBER

**APPLICATION TO MARRY**

GROOM'S NAME (First, Middle, Last) <b>ERIC LAVAUGHN DENNIS</b>		2. DATE OF BIRTH (Month, Day, Year) <b>JUL 16, 1957</b>	
1. RESIDENCE - CITY, TOWN, OR LOCATION <b>LAUDERDALE LAKES</b>	3a. COUNTY <b>BROWARD</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>FLORIDA</b>
BRIDE'S NAME (First, Middle, Last) <b>BESSIE ARNELL STRUM</b>		5. DATE OF BIRTH (Month, Day, Year) <b>APR 16, 1962</b>	
1. RESIDENCE - CITY, TOWN, OR LOCATION <b>LAUDERDALE LAKES</b>	5b. MAIDEN SURNAME (if different) <b>MCPHEE</b>	6. DATE OF BIRTH (Month, Day, Year) <b>APR 16, 1962</b>	7. BIRTHPLACE (State or Foreign Country) <b>NEW JERSEY</b>

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Eric Lavaughn Dennis</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>NOV 14, 2001</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK ADELANIA FERRANTE</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Adelania Ferrante</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Bessie Arnell Strum</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>NOV 14, 2001</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK ADELANIA FERRANTE</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Adelania Ferrante</i>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>BROWARD</b>	18. DATE LICENSE ISSUED <b>NOV 14, 2001</b>	18a. DATE LICENSE EFFECTIVE <b>NOV 17, 2001</b>	19. EXPIRATION DATE <b>JAN 15, 2002</b>
20a. SIGNATURE OF CLERK OR JUDGE <i>Adelania Ferrante</i>		20b. TITLE <b>DEPUTY CLERK ADELANIA FERRANTE</b>	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>Nov 21, 2001</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Fort Lauderdale FL</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Carolyn Stewart</i>	23c. ADDRESS (Of person performing ceremony) <b>3400 CHARLESTON BLVD FT LAUD FL</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary state) <b>CAROLYN STEWART MY COMMISSION # CC 891326 EXPIRES: November 29, 2003 Bonded Third Notary Public Underwritten</b>	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Longe</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Longe</i>



SEAL