

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004290

1. Entity Name

A FAMILY AFFAIR BY JESSIE, INC.

Principal Place of Business

3301 NW 23RD ST
LAUDERDALE LKS. FL 33311

Mailing Address

3301 NW 23RD ST
LAUDERDALE LKS. FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0695135

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELTON, MARYE
3301 NW 23RD ST
LAUDERHILL FL 33311

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D/V
NAME MCLEMORE, JOANN
STREET ADDRESS 2531 NW 11 ST
CITY-ST-ZIP POMPANO BEACH FL ☐ DeleteTITLE DS
NAME THOMPSON, LISA
STREET ADDRESS 4043 NW 16TH ST
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ DeleteTITLE DT
NAME CUMMINGS, JENNIFER
STREET ADDRESS 1741 NW 27TH TER
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ DeleteTITLE D
NAME SUTTON, LINDA
STREET ADDRESS 1810 NW 28TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ DeleteTITLE PDC
NAME SHELTON, MARYE
STREET ADDRESS 3301 NW 23 ST
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ DeleteTITLE D
NAME MONCRIEF, STEPHANIE
STREET ADDRESS 1751 NW 27TH TERR
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marye Shelton Marye Shelton 4/30/01 (954) 730-0134

FILED
May 15, 2001 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

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