

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38548

1. Entity Name

SHEKINAH, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90007 024 ****61.25

Principal Place of Business

Mailing Address

PO BOX 77-0518
 CORAL SPGS FL 33077-0518
 US

PO BOX 77-0518
 CORAL SPGS FL 33077-0518
 US

RUU14020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 77-0518

3. Mailing Address

P.O. Box 77-0518

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

City & State

Coral Springs, Florida

4. FEI Number

65-0199228

Applied For

Not Applicable

Zip

33071

USA

Zip

33077

Country

USA

5. 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

MAC INTYRE, PAMELA
 9135 N.W. THIRD COURT
 CORAL SPRINGS FL 33071

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 \$61.25 ✓
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	MAC INTYRE, CHARLES	9135 N.W. THIRD COURT CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MAC INTYRE, PAMELA	9135 N.W. THIRD COURT CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BEST, SHARON	5106 NW 51ST AVE. COCONUT CREEK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Pamela MacIntyre PRESIDENT 08-02-00 (954) 341-0177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)