

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38548

1. Entity Name

SHEKINAH, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

PO Box 77-0518

Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

Zip

33071

USA

3. Mailing Address

P.O. Box 77-0518

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33077

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE D
NAME MAC INTYRE, CHARLES
STREET ADDRESS 9135 N.W. THIRD COURT
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE D
NAME MAC INTYRE, PAMELA
STREET ADDRESS 9135 N.W. THIRD COURT
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE D
NAME BEST, SHARON
STREET ADDRESS 5106 NW 51ST AVE.
CITY-ST-ZIP COCONUT CREEK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

08-02-00 (954) 341-0177

Date

Daytime Phone #

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

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

00014020



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0199228

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

CR2E037 (5/00)