

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002882

1. Entity Name

EL-SHADDAI INTERNATIONAL FOUNDATION, INC.

R

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90016 047 ****61.25

Principal Place of Business 1179/1181 71 ST. MIAMI BEACH FL 33141	Mailing Address 1179/1181 71 ST. MIAMI BEACH FL 33141
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0670170	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

E & V GREAT PROFESSIONAL, INC.
5545 S.W. 8 STREET, SUITE 207
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name DENNIS F. DA SILVA
Street Address (P.O. Box Number is Not Acceptable) 2000 ISLAND BLVD, #2803
City WILLIAMS ISLAND FL Zip Code 33160

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 DENNIS F. DA SILVA - TO AGENT 09/05/2000
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD NAME DA SILVA, FRANCISCO D STREET ADDRESS 2000 ISLAND BLVD., #2803 CITY-ST-ZIP WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE VD NAME DA SILVA, LIDIA F STREET ADDRESS 2000 ISLAND BLVD., #2803 CITY-ST-ZIP WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE TD NAME DA SILVA, DENNIS F STREET ADDRESS 2000 ISLAND BLVD., #2803 CITY-ST-ZIP WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE SD NAME KELLEY, GORETE M STREET ADDRESS 411.POINCIANA ISLAND CITY-ST-ZIP SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANCISCO DA SILVA - PRESIDENT 09/05/00 305-1059049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)