

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004470

1. Entity Name

SHEKINAH'S DIAMOND RESOURCE DEVELOPMENT, INC.

Principal Place of Business

4857 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33418

Mailing Address

P.O. BOX 17023
WEST PALM BEACH FL 33416-7023

2. Principal Place of Business

3701 BROADWAY

Suite, Apt. #, etc.

WEST PALM BEACH, FL.

City & State

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip
33407

Country
PALM BEACH

Zip

Country

4. FEI Number

31-1577883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, LAFAWN A.R.
4898 ANDROS DR
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

WILSON, LAFAWN A.R.

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

300 10th Street

LAKE PARK

City

FL

Zip Code

33403

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

FILE NOW:
FEE IS \$61.25

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 DP ☒ Delete
NAME WILSON, LAFAWN A.R.
STREET ADDRESS 4857 NORTHLAKE BLVD
CITY-ST-ZIP NORTH PALM BEACH FL 33418

TITLE DS ☒ Delete
NAME WILSON, MATTIE R
STREET ADDRESS 4857 NORTHLAKE BLVD
CITY-ST-ZIP NORTH PALM BEACH FL 33418

TITLE DT ☒ Delete
NAME HALL, SAMANTHA
STREET ADDRESS 4857 NORTHLAKE BLVD
CITY-ST-ZIP NORTH PALM BEACH FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME WILSON, LAFAWN A.R.
STREET ADDRESS 300 10th Street
CITY-ST-ZIP LAKE PARK, FL. 33403

TITLE DS ☒ Change ☐ Addition
NAME WILSON, MATTIE R.
STREET ADDRESS 300 10th Street
CITY-ST-ZIP LAKE PARK, FL. 33403

TITLE DT ☒ Change ☐ Addition
NAME HALL, SAMANTHA
STREET ADDRESS 524 S.W. 8th Street
CITY-ST-ZIP BELLE GLADE, FL. 33430

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

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

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

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 an other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90288 024 ****61.25