

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006743 AT

DOCUMENT # P02000134258

1. Entity Name
SHEKINAH USA GROUP INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 AM 11:00

Principal Place of Business
8730 SW 133 AVE. RD.
#320
MIAMI FL 33183

Mailing Address
8730 SW 133 AVE. RD.
#320
MIAMI FL 33183



2. Principal Place of Business

8730 SW 133 AVE. RD. #320

3. Mailing Address

8730 SW 133 AVE. RD. #320

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F320

F320

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33183

USA

Zip

Country

33183

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

Not Applicable

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

CASTANEDA, SANDRA O
8730 SW 133 AVE. RD.
#320
MIAMI FL 33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra O Castaneda L

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CASTANEDA, SANDRA O
STREET ADDRESS 8730 SW 133 AVE. RD. #230
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE D
NAME MATIAS, ESTHER
STREET ADDRESS 8730 SW 133 AVE. RD. #230
CITY-ST-ZIP MIAMI, FL 33183

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 607, 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:

Sandra O Castaneda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03 305-4397741

Date Daytime Phone #

CR2E034 (10/02)