

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004470

1. Entity Name

SHEKINAH'S DIAMOND RESOURCE DEVELOPMENT, INC.

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

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

Principal Place of Business 4857 NORTHLAKE BLVD. NORTH PALM BEACH FL 33418	Mailing Address P.O. BOX 17023 WEST PALM BEACH FL 33416-7023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3701 BROADWAY Suite, Apt. #, etc. WEST PALM BEACH, FL.	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 31-1577883	Applied For <input type="checkbox"/> Not Applicable
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Zip 33407	Country PALM BEACH	Zip	Country
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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

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 DATE 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	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 NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, LAFAWN A.R. 4857 NORTHLAKE BLVD NORTH PALM BEACH FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, MATTIE R 4857 NORTHLAKE BLVD NORTH PALM BEACH FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, SAMANTHA 4857 NORTHLAKE BLVD NORTH PALM BEACH FL 33418	<input checked="" 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
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	DP WILSON, LAFAWN A.R. 300 10th Street LAKE PARK, FL. 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, MATTIE R. 300 10th Street LAKE PARK, FL. 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, SAMANTHA 524 s.w. 8th Street BELLE GLADE, FL. 33430	<input checked="" 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 an other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)