

2001 UNIFORM BUSINESS REPORT (UBR)

0010347 AF

DOCUMENT # L00000008391

1. Entity Name
KIKAYA TRANSPORT & EQUIPMENT, L.L.C.

FILED

01 MAR 12 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 178 DRIVE, STE 412
SUNNY ISLES FL 33166

Mailing Address
201 178 DRIVE, STE 412
SUNNY ISLES FL 33166



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3100 Jodhpurs Lane #3407

3. Mailing Address

Suite, Apt. #, etc.
Orlando, Florida
City & State

Suite, Apt. #, etc.
3100 Jodhpurs Lane #3407
City & State
Orlando, Florida

Zip
32837

Country
USA

Zip
32837

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUEDA, JAIME DUARTE
201 178 DRIVE, STE 412
SUNNY ISLES FL 33166

7. Name and Address of New Registered Agent

Name Jaime Duarte Rueda

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

3100 Jodhpurs Lane #3407

City Orlando

FL

Zip Code 32837

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

03/08/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME RUEDA, JAMIE DUARTE
STREET ADDRESS 201 178 DRIVE, SUITE 412
CITY-ST-ZIP SUNNY ISLES FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR
NAME JAMIE DUARTE RUEDA ☒ Change ☐ Addition
STREET ADDRESS 3100 Jodhpurs Lane #3407
CITY-ST-ZIP Orlando, FL. ~~32837~~ 32837

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

03/08/2001 (407) 240 3148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)