

# 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  
Orlando, Florida

**3. Mailing Address**  
3100 Jodhpurs Lane #3407  
Orlando, Florida

City & State: Orlando, Florida

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: *Jaime Duarte Rueda* DATE: 03/08/2001

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

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUEDA, JAIME DUARTE 201 178 DRIVE, SUITE 412 SUNNY ISLES FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JAIME DUARTE RUEDA 3100 Jodhpurs Lane #3407 Orlando, FL. <del>32837</del> 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jaime Duarte Rueda* DATE: 03/08/2001 (907) 240 3178

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

CR2E083 (11/00)