

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. 32837 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* **SIGNATURE REQUIRED** DATE: 03/08/2001 (907) 240 3178

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

CR2E083 (11/00)