

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90038 026 \*\*\*\*50.00

**DOCUMENT # L00000008391**

1. Entity Name

**KIKAYA TRANSPORT & EQUIPMENT, L.L.C.**

Principal Place of Business

**3100 JODPHURS LANE, #3407  
 ORLANDO FL 32837**

Mailing Address

**3100 JODPHURS LANE, #3407  
 ORLANDO FL 32837**

2. Principal Place of Business

**507 Pinnacle Cove Blvd**

3. Mailing Address

**507 Pinnacle Cove Blvd**

Suite, Apt., etc.

**Apt 208**

Suite, Apt., etc.

**Apt 208**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32824-9395**

Country

**USA**

Zip

**32824-9395**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAIME DUARTE RUEDA  
 3100 JODPHURS LANE, #3407  
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Jaime Duarte Rueda**

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

**507 Pinnacle Cove Blvd Apt 208**

City

**Orlando**

FL

Zip Code **32824**

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**

**Jaime Duarte Rueda**

**03/05/02**

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

(NOTE: Registered Agent signatures required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>JAIME DUARTE RUEDA</b>	
STREET ADDRESS	<b>3100 JODPHURS LANE, #3407</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jaime Duarte Rueda</b>	
STREET ADDRESS	<b>507 Pinnacle Cove Blvd Apt 208</b>	
CITY-ST-ZIP	<b>Orlando, FL 32824-9395</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Jaime Duarte Rueda**

**03/05/02**

**4072403178**

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

Date

Daytime Phone #

CR2E083 (9/01)