## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#753842** 

FILED Sep 13, 2002 Secretary of State

| Entity Na  | me: KIKI CON  | IDOMINIUM, INC.                |   |  |  |
|--|---|--------------------------------|---|--|--|
| Current Principal Place of Business:                               |   |                                | New Principal Pla                                     | New Principal Place of Business:   |  |
| 2100 N.W.<br>MIAMI, FL   | . 20 STREET<br>33142                                  |                                |   |  |  |
| Current Mailing Address:   |   |                                | New Mailing Addr                                      | New Mailing Address:   |  |
| 7154-B S.\<br>MIAMI, FL  | W. 47 STREET<br>33142                                 | -                              |   |  |  |
| FEI Number   | : 65-0326174  | FEI Number Applied For()       | FEI Number Not Applicable ( )                         | Certificate of Status Desired ( )  |  |
| Name and Address of Current Registered Agent:                      |   |                                | Name and Addres                                       | Name and Address of New Registered Agent:                                |  |
| CADICORP MANAGEMENT<br>7154-B S.W. 47 STREET<br>MIAMI, FL 33155 US |   |                                | CADICORP MANA<br>7154-B S.W. 47 ST<br>MIAMI, FL 33155 | CADICORP MANAGEMENT GROUP<br>7154-B S.W. 47 STREET<br>MIAMI, FL 33155 US |  |
|  | e named entity<br>e of Florida.                       | submits this statement for the | purpose of changing its registe                       | ered office or registered agent, or both,                                |  |
| SIGNATURE: CADICORP MANAGEMENT GROUP                               |   |                                |   | 09/13/2002   |  |
|  | Electror  | nic Signature of Registered Ag | ent   | Date   |  |
| OFFICERS AND DIRECTORS:  |   |                                | ADDITIONS/CHAN  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                             |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                        | PD (<br>DARDER, SAR<br>2120 NW 20 S<br>MIAMI, FL 331  | Г#10                           | Title:<br>Name:<br>Address:<br>City-St-Zip:           | ( ) Change ( ) Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                        | TD (<br>NASIR, ASRAR<br>2120 NW 20 S<br>MIAMI, FL 331 | Г                              | Title:<br>Name:<br>Address:<br>City-St-Zip:           | ( ) Change ( ) Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                        | SD (<br>RONDANA, RU<br>2108 N.W. 20 S<br>MIAMI, FL    |                                | Title:<br>Name:<br>Address:<br>City-St-Zip:           | ( ) Change ( ) Addition  |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA DARDER PD 09/13/2002