

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 signature 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 **MGR** ☐ Delete
 NAME **JAIME DUARTE RUEDA**
 STREET ADDRESS **3100 JODPHURS LANE, #3407**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Jaime Duarte Rueda**
 STREET ADDRESS **507 Pinnacle Cove Blvd Apt 208**
 CITY-ST-ZIP **Orlando, FL 32824-9395**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowered 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)