## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33131-2822

701 BRICKELL AVE., STE. 850

## DOCUMENT # P97000035125

Principal Place of Business

701 BRICKELL AVE., STE. 850

MIAMI FL 33131-2851

CITY-ST-ZIP

SIGNATURE:

## KIKWIT INVESTMENTS CORP.

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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & State		City & State		<b>4.</b> F	FEI Number <b>65-0749954</b>		plied For t Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent	T	7. 1	Name and Address of New Register	red Agent	
	Name	Name					
SULI 701 MIAN	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Code	e
8. The above SIGNATURE	named entity submits this statement for the stat		egistered office or regis			ATE	
	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		State	10. Election Campaign Financing Trust Fund Contribution.	☐ Added	May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.	ΑD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST OTADUY, JAVIER D LE CASA BIANCA,BLA 3ET #3,17 MONTECARLO 98000, MONACO	Delete  BLVD.DU LARVO	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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CITY-ST-ZIP

hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

Savier de Otaduy

04/19/00

305-381-8340

Daytime Phone #

**FILED** 

04-26-2000 90501 001 \*3,300.00

