

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035125

1. Entity Name

KIKWIT INVESTMENTS CORP.

Principal Place of Business

701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851

Mailing Address

701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN S
701 BRICKELL AVE., STE. 850
MIAMI FL 33131-2851

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEMS

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

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

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/27/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
OTADUY, JAVIER D
LE CASA BIANCA, BLA 3ET #3, 17 BLVD DU LARVO
MONTECARLO 98000, MONACO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
JAVIER DE OTADUY
RESIDENCE PARK SANT ROMAN APT 802
AVENIDA SANT ROMA 98000 MONTECARLO MONACO ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

13. 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 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.

SIGNATURE:

Javier De Otaduy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER DE OTADUY 4/20/01

Date

305-381-8340

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90185 036 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)