# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2003 8:00 am**
**Secretary of State**
05-01-2003 90410 012 ***150.00

DOCUMENT # P02000078496

1. Entity Name

De'carta International Services Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 911 N. Orange Ave, #207 | P.O. Box 536148 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Orlando, FL | Orlando, FL |
| City & State | City & State |
| 32801 USA | 32853 USA |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1661392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: HO-CHUEN (HOWIE) LAU

Street Address (P.O. Box Number is Not Acceptable): 911 N. ORANGE AVE, #347

City: ORLANDO FL Zip Code: 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | President |
| NAME | R. Rae Steinman |
| STREET ADDRESS | 911 N. Orange Ave, # 207 |
| CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | Vice President |
| NAME | Juan M. Cartagena |
| STREET ADDRESS | 911 N. Orange Ave, #207 |
| CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | Chief Financial officer |
| NAME | Ho-Chuen (Howie) Lau |
| STREET ADDRESS | 911 N. Orange Ave, # 347 |
| CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | Vice President Sales |
| NAME | Clay Delaney |
| STREET ADDRESS | 4108 Meredith Dr. |
| CITY-ST-ZIP | Valrico, FL 33594 |
| TITLE | |
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**DO NOT WRITE IN THIS SPACE**

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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4/23/03 (321)231-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #