

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90259 010 ***150.00

DOCUMENT # **P02000016488**

1. Entity Name
DAMECA INTERNATIOAL, INC



Principal Place of Business
**2435 HURON CIR.
KISSIMEE FL 34746**

Mailing Address
**3038 MICHIGAN AVE.
KISSIMEE FL 34744**



2. Principal Place of Business
14229 Crystal Key Pl

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State

4. FEI Number
01-0623687

Applied For
Not Applicable

Zip
32824

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**USCATEGUI, SIMON
2435 HURON CIRCLE
KISSIMEE FL 34746**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MEDINA, CARMEN	2435 HURON CIRCLE	KISSIMEE FL 34746	<input type="checkbox"/>
V	MEDINA, DAMASO J	2435 HURON CIRCLE	KISSIMEE FL 34746	<input type="checkbox"/>
D	USCATEGUI, SIMON	2435 HURON CIRCLE	KISSIMEE FL 34746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		14229 CRYSTAL KEY PLACE	ORLANDO FL 32824	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14229 CRYSTAL KEY PLACE	ORLANDO FL 32824	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Date: **2/12/03** Daytime Phone #: **407-859 8172**

CR2E034 (10/02)