

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91518 009 \*\*\*150.00

**DOCUMENT # P02000035356**

1. Entity Name  
**CARTAGO INTERNATIONAL, INC.**



Principal Place of Business  
P.O. BOX 1518  
TALLEVAST, FL 34270

Mailing Address  
P.O. BOX 1518  
TALLEVAST, FL 34270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
2725 Peiffer Cir

Suite, Apt. #, etc.

City & State  
Sarasota, FL

City & State  
Tallavast PL 34270

Zip  
34235

Country  
USA

Zip  
34270

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
753033160

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOUJAI, LASSAAD  
4957 VILLAGE GARDENS DR  
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name  
Soujai LASSAAD

Street Address (P.O. Box Number Is Not Acceptable)  
2725 Peiffer Cir

City  
Sarasota

FL

Zip Code  
34235

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 Lassaad Soujai  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Owner Lassaad Soujai 2725 Peiffer Cir Sarasota FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lassaad Soujai  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/25/03  
Date

941-735-1550  
Daytime Phone #

CR2E034 (10/02)