


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PAP 12/2

DOCUMENT # P01000078321 1. Entity Name <b>REPRODUCTIVE SCIENCE AND TECHNOLOGY, INC</b>	
--	---

**FILED**  
**03 MAY 12 AM 11:14**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3031 NE 21 ST AVE</b> Suite, Apt. #, etc. <b>#4</b>	3. Mailing Address <b>3031 NE 21ST AVE</b> Suite, Apt. #, etc. <b>#4</b>
City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
Zip <b>33306</b>	Country

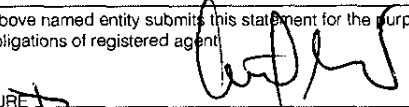
4. FEI Number <b>65-1142456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<b>CARLOS A OLCESE</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>3031 NE 21 AVE APT 4</b>
City	<b>FORT LAUDERDALE FL</b>
Zip Code	<b>33306</b>

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.

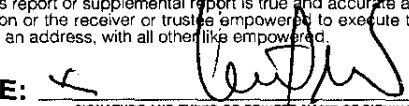
SIGNATURE  **Carlos A Olcese** **04/28/03**

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD/DELETE/ ANTONIO O MIDOLO /1022 BAY DRIVE #46 MIAMI, FL 33141.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800020256278 05/23/03--01068--033 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADD/PD/CARLOS A OLCESE/3031 NE 21 AVE APT#4 FORT.LAUDERDALE FL 33306</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **Antonio O Midolo** **04/28/03** **(954) 564-7153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

*Page 2 of 2*

**REPRODUCTIVE SCIENCE AND TECHNOLOGY, INC**  
**3031 NE 21 ST AVE #4**  
**FORT LAUDERDALE, FL 33306**  
**FEIN 65-1142456**

**APRIL 28, 2003**

**FLORIDA DEPARTMENT OF STATE**  
**RE: P01000078321**  
**65-1142456**

**TO WHOM IT MAY CONCERN:**

**I'M SENDING MY UNIFORM BUSINESS REPORT LATE BECAUSE I NEVER  
RECEIVED FOR THE YEAR 2002 AND I HAVE NOT RECEIVED FOR THE  
YEAR 2003, PLEASE ENCLOSED YOU WILL FIND A CHECK IN THE AMOUNT  
OF \$300.00 FOR 2002 AND 2003.**

**PLEASE WAIVE THE PENALTIES AND INTERES.**

**SINCERELY YOURS**

x   
**CARLOS A OLCESE**  
**PRESIDENT**