

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080190

1. Entity Name

GESTATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90015 001 ***150.00

Principal Place of Business

1975 EAST SUNRISE BLVD
 STE 534
 FORT LAUDERDALE FL 33304

Mailing Address

1975 EAST SUNRISE BLVD
 STE 534
 FORT LAUDERDALE FL 33304-1433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0699427

Applied For

Not Applicable

Zip

Country

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

STONE, MICHAEL
 1975 EAST SUNRISE BLVD
 SUITE ~~507~~ 534
 FORT LAUDERDALE FL 33304

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.

SIGNATURE

MICHAEL F. STONE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME STONE, MICHAEL
 STREET ADDRESS 1375 E. SUNRISE BLVD STE 534
 CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete
 NAME CARBONE, RALPH
 STREET ADDRESS 101 EAST SUMMER ST
 CITY-ST-ZIP PLANTSVILLE CT

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

TITLE D ☐ Delete
 NAME HUGHES, JOHN W
 STREET ADDRESS 4221 SEVENTH AVE.
 CITY-ST-ZIP NEW YORK NY

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 421 SEVENTH AVE
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME HATTEN, MARK
 STREET ADDRESS 5 BROOKSIDE DR.
 CITY-ST-ZIP WALLINGCFORD CT

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

MICHAEL F. STONE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

954-525-5995
 Date Daytime Phone #

CR2E034 (9/99)