

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095817

1. Entity Name

GENERATION WOMEN'S CARE, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90033 024 ***150.00

Principal Place of Business

11700 NW 17 COURT
PLANTATION FL 33323

Mailing Address

11700 NW 17 COURT
PLANTATION FL 33323-2245

2. Principal Place of Business

4540 N. FEDERAL Highway
Suite, Apt. #, etc. —

3. Mailing Address

4540 N. FEDERAL Highway
Suite, Apt. #, etc. —

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A.

4. FEI Number

65-0962989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMONA, WILLIAM
11700 NW 17 COURT
PLANTATION FL 33323

7. Name and Address of New Registered Agent

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

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

TITLE D
NAME LASADA-CARMONA,
STREET ADDRESS 11700 NW 17 COURT
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE D
NAME SISLER, PAULA
STREET ADDRESS 18401 SW 268 STREET
CITY-ST-ZIP MIAMI FL 33031 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

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CITY-ST-ZIP ☐ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #