

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90103 013 ***150.00

DOCUMENT # F93000003739

1. Entity Name

FLEX MEMBRANE INTERNATIONAL CORP.

Principal Place of Business

**1227 CENTRAL AVENUE
HILLSIDE NJ 07205**

Mailing Address

**1227 CENTRAL AVENUE
HILLSIDE NJ 07205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3056145

Applied For

Not Applicable

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

SOTO, OSCAR E ESQ.

% FLEMING, O'BRYAN & FLEMING

500 E. BROWARD BLVD., 17TH FLOOR

FT. LAUDERDALE FL 33394-3071

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	SATZ, LESLIE J	
STREET ADDRESS	1227 CENTRAL AVENUE	
CITY-ST-ZIP	HILLSIDE NJ 07205	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SATZ, RONALD M	
STREET ADDRESS	1227 CENTRAL AVENUE	
CITY-ST-ZIP	HILLSIDE NJ 07205	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIOTTO, CHARLES J	
STREET ADDRESS	1227 CENTRAL AVENUE	
CITY-ST-ZIP	HILLSIDE NJ 07205	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUPINKA, STEPHEN J	
STREET ADDRESS	1227 CENTRAL AVENUE	
CITY-ST-ZIP	HILLSIDE NJ	
TITLE	P	<input type="checkbox"/> Delete
NAME	AL BESSEMER	
STREET ADDRESS	1227 CENTRAL AVENUE	
CITY-ST-ZIP	HILLSIDE NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOYLE, JOHN	
STREET ADDRESS	BETHLEHEM DR., SUITE 206	
CITY-ST-ZIP	MORGANTOWN PA 19543-0271	

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

SIGNATURE STEPHEN J JUPINKA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)