

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90120 046 ***150.00

DOCUMENT # F97000003742

1. Entity Name

SABRATEK CORPORATION

Principal Place of Business

1629 PRIME CT., BLDG. 100
ORLANDO FL 32809

Mailing Address

1629 PRIME CT., BLDG. 100
ORLANDO FL 32809-7410

2. Principal Place of Business

3. Mailing Address

UNITRON MEDICAL COMM.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17757 U.S. 19 NORTH - STE. 600

City & State

City & State

CLEARWATER

4. FEI Number

36-3700639

Applied For

Not Applicable

Zip

Country

Zip

Country

33764

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDELL, ELLIOTT R
1629 PRIME CT., BLDG. 100
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name: TOM KIRK (P.O. CAP)
Street Address (P.O. Box Number is Not Acceptable): UNITRON MEDICAL COMM.
17757 U.S. 19 NORTH - STE 600
City: CLEARWATER FL Zip Code: 33764

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: Thomas F. Kirk THOMAS F. KIRK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO PADD, K. SHAN 8111 N ST LOUIS SKOKIE IL 60076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CADV LEVITAS, DORAN C 8111 NORTH ST LOUIS SKOKIE IL 60076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUTMAN, WILLIAM 8111 N ST LOUIS SKOKIE IL 60076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPERT, MARK 8111 N ST LOUIS SKOKIE IL 60076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDEN, STEVE 8111 N ST LOUIS SKOKIE IL 60076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEROWITZ, PAUL 8111 N ST LOUIS SKOKIE IL 60076	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANCIS V. COOK 8111 NORTH ST LOUIS SKOKIE, IL 60076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDSON SPENCER 8111 NORTH ST LOUIS SKOKIE, IL 60076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF RESTRUCTURING OFFICER THOMAS KIRK 8111 NORTH ST LOUIS SKOKIE IL 60076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER JOSEPH MARSHALL 8111 NORTH ST. LOUIS Ave. SKOKIE, IL 60076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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

THOMAS F. KIRK

Date

April 28, 2000

Daytime Phone #

847-720-2400

CR2E034 (9/99)