


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90095 012 \*\*\*150.00

**DOCUMENT # F97000006493**

1. Entity Name  
**IVI ENVIRONMENTAL, INC.**



Principal Place of Business  
**105 CORPORATE PARK DR., STE. 115  
WHITE PLAINS NY 10604**

Mailing Address  
**105 CORPORATE PARK DR., STE. 115  
WHITE PLAINS NY 10604**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**55 WEST RED OAK LANE**  
Suite, Apt. #, etc.

City & State  
**WHITE PLAINS NY**

Zip Country  
**10604 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3528405** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLASSMAN, JEREMY  
C/O IVI ENVIRONMENTAL, INC.  
444 BRICKELL AVENUE  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP DE STEFANIS, CARL 23 DOE VIEW LANE POUND RIDGE NY 10576</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>55 WEST RED OAK LANE WHITE PLAINS NY 10604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CV DE STEFANIS, T. MARIO JR. 554 MILLWOOD RD. MT. KISCO NY 10549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>105 CORPORATE PARK DRING, #115 WHITE PLAINS, NY 10604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/14/03** **914-694-1900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)