

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004030

1. Entity Name  
CAPRIUS, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90003 044 \*\*\*550.00

Principal Place of Business

46 JONSEIN RD  
WILMINGTON MA 01887

Mailing Address

46 JONSEIN RD  
WILMINGTON MA 01887

2. Principal Place of Business

One Parker Plaza

3. Mailing Address

One Parker Plaza

Suite, Apt. #, etc.

12th Floor

Suite, Apt. #, etc.

12th Floor

City & State

Fort Lee, NJ

City & State

Fort Lee, NJ

4. FEI Number

22-2457487

Applied For

Not Applicable

Zip

07024

Country

USA

Zip

07024

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FLYNN, SUSAN M  
4300 N. UNIVERSITY DR., STE E-200  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name FLYNN, Susan M.  
Street Address (P.O. Box Number is Not Acceptable)  
4300 N. University Drive, STE E-200  
City LAUDERHILL, FL Zip Code 33351

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 SUSAN M. FLYNN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, ENRIQUE	
STREET ADDRESS	436 CAPE MAY	
CITY-ST-ZIP	ENGLEWOOD NJ	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	JAMES, STEVEN J	
STREET ADDRESS	46 JONSPIN RD	
CITY-ST-ZIP	WILMINGTON MA	
TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JACK	
STREET ADDRESS	281 E. LINDEN AVE	
CITY-ST-ZIP	ENGLEWOOD NJ	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SPIRA, ROBERT	
STREET ADDRESS	90 BRAYTON ST	
CITY-ST-ZIP	ENGLEWOOD NJ	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIENER, BERNARD	
STREET ADDRESS	1180 MORRIS PARK AVE	
CITY-ST-ZIP	BRONX NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & CEO / D.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Aron (c/o CAPRIUS)	
STREET ADDRESS	ONE PARKER PLAZA	
CITY-ST-ZIP	FORT LEE, NJ 07024	
TITLE	CFO / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN JOELS c/o CAPRIUS	
STREET ADDRESS	ONE PARKER PLAZA	
CITY-ST-ZIP	FORT LEE, NJ 07024	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shrikant Mehta	
STREET ADDRESS	1783 BLUE HERON COURT	
CITY-ST-ZIP	BLUMFIELD HILLS, MI	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanjay Midy	
STREET ADDRESS	350 HARVARD ST.	
CITY-ST-ZIP	CLUSTER, N.J. 07624	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. SOLTRIEB WASSER	
STREET ADDRESS	56 LAKEVIEW AVE. West	
CITY-ST-ZIP	CORTLANDT MANOR, N.Y. 10566	
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 REQUIRED CFO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/00 201 592 8838

Daytime Phone #

CR2E034 (5/00)