

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90038 029 \*\*\*150.00

**DOCUMENT # F98000004030**

1. Entity Name

**CAPRIUS, INC.****DBA: The Strax Institute**

Principal Place of Business

**ONE PARKER PLAZA  
12TH FLOOR  
FORT LEE NJ 07024**

Mailing Address

**ONE PARKER PLAZA  
12TH FLOOR  
FORT LEE NJ 07024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **22-2457487**

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

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

*Susan M. Flynn*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/24/01*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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, ENRIQUE	
STREET ADDRESS	436 CAPE MAY	
CITY-ST-ZIP	ENGLEWOOD NJ	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Aaron	
STREET ADDRESS	One Parker Plaza	
CITY-ST-ZIP	Fort Lee, NJ 07024	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	JAMES, STEVEN J	
STREET ADDRESS	46 JONSPIN RD	
CITY-ST-ZIP	WILMINGTON MA	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Joels	
STREET ADDRESS	One Parker Plaza	
CITY-ST-ZIP	Fort Lee, NJ 07024	

TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JACK	
STREET ADDRESS	281 E. LINDEN AVE	
CITY-ST-ZIP	ENGLEWOOD NJ	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shrikant Mehta	
STREET ADDRESS	354 Indusco Court	
CITY-ST-ZIP	Troy, MI 48083	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SPIRA, ROBERT	
STREET ADDRESS	90 BRAYTON ST	
CITY-ST-ZIP	ENGLEWOOD NJ	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanjay Mody	
STREET ADDRESS	1 Bridge Street, #100	
CITY-ST-ZIP	Fort Lee, NJ 07024	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIENER, BERNARD	
STREET ADDRESS	1180 MORRIS PARK AVE	
CITY-ST-ZIP	BRONX NY	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sol Triebwasser Ph.D.	
STREET ADDRESS	56 Lakeview Avenue West	
CITY-ST-ZIP	Cortlandt Manor, NY 10566	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jonathan Joels* CFO. JONATHAN JOELS.

Date

*1/18/01 (201) 592-8838*

Daytime Phone #

CR2E034 (10/00)