

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90091 044 ***550.00

DOCUMENT # F98000004030

1. Entity Name

CAPRIUS, INC.

d/b/a 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 & State

City & State

4. FEI Number

22-2457487

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/02

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **AARON, GEORGE**
 STREET ADDRESS **ONE PARKER PLAZA**
 CITY-ST-ZIP **FORT LEE NJ 07024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO** ☐ Delete
 NAME **JOELS, JONATHAN**
 STREET ADDRESS **ONE PARKER PLAZA**
 CITY-ST-ZIP **FORT LEE NJ 07024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MEHTA, SHRIKANT**
 STREET ADDRESS **354 INDUSCO COURT**
 CITY-ST-ZIP **TROY MI 48083**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **SPIRA, ROBERT**
 STREET ADDRESS **90 BRAYTON ST**
 CITY-ST-ZIP **ENGLEWOOD NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TRIEBWASSER, SOL PHD**
 STREET ADDRESS **56 LAKEVIEW AVENUE WEST**
 CITY-ST-ZIP **CORTLANDT MANOR NY 10586**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MODY, SANJAY**
 STREET ADDRESS **1 BRIDGE STREET, #100**
 CITY-ST-ZIP **FORT LEE NJ 07024**

TITLE ☐ Change ☐ 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:

Susan M. Flynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/02
 Date

201 592 8838
 Daytime Phone #

CR2E034 (4/02)