

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90074 012 \*\*\*550.00

**DOCUMENT # F98000005553**

1. Entity Name  
**CRYOBANKS INTERNATIONAL, INC.**

Principal Place of Business  
**270 SOUTH NORTH LAKE BLVD.. STE 1012  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**270 SOUTH NORTH LAKE BLVD.. STE 1012  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3935130**

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

**NATIONAL CORPORATE RESEARCH LTD INC  
 1406 HAYS STREET, STE #2  
 TALLAHASSEE FL 32301**

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

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, 2002 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 <i>See attached</i>				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>C</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BRUNOEHLER, DWIGHT</b>		NAME	<b>Zubair Kazi</b>			
STREET ADDRESS	<b>270 SOUTH NORTH LAKE BLVD STE 1012</b>		STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>		CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>GRAVELY, ROBERT</b>		NAME	<b>Alan Burger</b>			
STREET ADDRESS	<b>28 HEATHER GREEN COURT NO 101A</b>		STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP	<b>OCFEE FL</b>		CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>T/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>TRAYNOR, RAY</b>		NAME	<b>Christopher Scanlan</b>			
STREET ADDRESS	<b>2588 CASCADE LANE</b>		STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP	<b>IOWA CITY IA 52246</b>		CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>AMBINDER, ROY</b>		NAME	<b>Angel Herrera</b>			
STREET ADDRESS	<b>240 TRISMAN TERRACE</b>		STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>DIEBEL, DONALD</b>		NAME	<b>Sanford Lederman, MD</b>			
STREET ADDRESS	<b>1150 VIA LUGANO</b>		STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP	<b>WINTER PARK FL</b>		CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Joanne Raymond</b>			
STREET ADDRESS			STREET ADDRESS	<b>270 South North Lake Blvd STE 1012</b>			
CITY-ST-ZIP			CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>			

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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-2-02** **407-834-8333**  
 Date Daytime Phone #

CR2E034 (9/01)

 # F98000005553  
CRYOBANKS INTERNATIONAL, INC.  
270 S. NORTH LAKE BLVD., SUITE 1012  
ALTAMONTE SPRINGS, FL 32701

659989

**2002 UNIFORM BUSINESS REPORT (DOCUMENT# F98000005553)**

**ADDITIONS TO OFFICERS AND DIRECTORS**

TITLE: D  
NAME: Osman Siddique  
STREET ADDRESS: 270 South North Lake Blvd. STE 1012  
CITY-STATE-ZIP: Altamonte Springs, FL 32701

**PLEASE ALSO NOTE CHANGE TO OFFICERS AND DIRECTORS**

TITLE: P/D  
NAME: Dwight Brunoehler  
STREET ADDRESS:  
CITY-STATE-ZIP: