

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002523

1. Entity Name

CRYOFLEX OF AMERICA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 050 ***150.00

Principal Place of Business

777 S. FLAGLER DR. #800W
W. PALM BEACH FL 33401

Mailing Address

777 S. FLAGLER DR. #800W
W. PALM BEACH FL 33401-6163

2. Principal Place of Business

301 Clematis Street

3. Mailing Address

301 Clematis Street

Suite, Apt. #, etc.

3000

Suite, Apt. #, etc.

3000

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0916825

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

STUBER, JAMES A
777 S. FLAGLER DR. #800W
W. PALM BEACH FL 33401

Name

Stuber, James A

Street Address (P.O. Box Number is Not Acceptable)

301 Clematis Street

Suite 3000

City

West Palm Beach

FL

Zip Code

33401

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

James A. Stuber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | DP | <input type="checkbox"/> Delete |
| NAME | LEPIVERT, PATRICK | |
| STREET ADDRESS | 777 S. FLAGLER DR. #800W | |
| CITY-ST-ZIP | W. PALM BEACH FL 33401 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | STUBER, JAMES A | |
| STREET ADDRESS | 777 S. FLAGLER DR. #800W | |
| CITY-ST-ZIP | W. PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OCEPEK, MARK T | |
| STREET ADDRESS | 777 S. FLAGLER DR. #800W | |
| CITY-ST-ZIP | W. PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| 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:

James A. Stuber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(561) 820-9438

Daytime Phone #

CR2E034 (9/99)