

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003033

1. Entity Name  
CRYOFRESH, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:02

Principal Place of Business  
2000 NORTHWEST 95 AVENUE  
MIAMI FL 33172

Mailing Address  
2000 NORTHWEST 95 AVENUE  
MIAMI FL 33172-2350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0879627

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRMAT, CHRISTIAN  
2000 NORTHWEST 95 AVENUE  
MIAMI FL 33172

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR GROS, JEAN-SEBASTIEN  
STREET ADDRESS 2000 NORTHWEST 95 AVENUE  
CITY - ST - ZIP MIAMI FL 33172 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *2/3/16/00*  
CITY - ST - ZIP

TITLE NAME MGR FIRMAT, CHRISTIAN  
STREET ADDRESS 2000 NORTHWEST 95 AVENUE  
CITY - ST - ZIP MIAMI FL 33172 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003178534--4  
CITY - ST - ZIP -03/21/00--01108--008  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME MGR PONS, JOSE  
STREET ADDRESS 2000 NORTHWEST 95 AVENUE  
CITY - ST - ZIP MIAMI FL 33172 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/29/00 (305) 592-1599

CR2E083 (9/99)