

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90099 032 ***150.00

DOCUMENT # P99000088441

1. Entity Name
CRYO MYO, INC.



Principal Place of Business
10740 NW 5TH STREET
PLANTATION FL 33324

Mailing Address
10740 NW 5TH STREET
PLANTATION FL 33324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ **CHECK HERE IF MAKING CHANGES**

01-0727991

4. FEI Number

NOT APPLICABLE

☒ **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

HALLMAN, ARLAN
10740 NW 5TH STREET
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HALLMAN, ARLAN
10740 NW 5TH STREET
PLANTATION FL 33324 ☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALLMAN, ARLAN
10740 NW 5TH STREET
PLANTATION FL 33324 ☐ **Delete**

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

3/18/03

954-473-6580

CR2F034 (10/02)