

B9900000168

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN 22 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B9900000168
1. Entity Name
INTEPLAST GROUP., LTD

Principal Place of Business Mailing Address
9 PEACH TREE HILL RD., LIVINGSTON, NJ 07039

2. Principal Place of Business 3. Mailing Address
9 PEACH TREE HILL RD 9 PEACH TREE HILL RD
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State NJ City & State NJ
LIVINGSTON LIVINGSTON
Zip Country Zip Country
07039 USA 07039 USA

4. FEI Number 52-2077224 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record 17,544 10. Amount of Capital Contributions in FLORIDA to date 17,544

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F99000000705
NAME	AMTOPP CORPORATION
STREET ADDRESS	9 PEACH TREE HILL RD.,
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	F99000001735
NAME	WORLD-PAK CORPORATION
STREET ADDRESS	9 PEACH TREE HILL RD.,
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	F99000001734
NAME	INTEGRATED BAGGING SYSTEMS /
STREET ADDRESS	9 PEACH TREE HILL RD.,
CITY-ST-ZIP	LIVINGSTON, NJ 07039
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	BK
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	100004458531--2
CITY-ST-ZIP	-07/05/01--01003--006 ****211.56 ****211.56
STREET ADDRESS	
CITY-ST-ZIP	AR-122.81
STREET ADDRESS	ARsupp- 86.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	211.56
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #