

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017562 AT

DOCUMENT # **B99000000168**

1. Entity Name  
**INTEPLAST GROUP, LTD.**

FILED

02 MAY -3 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**9 PEACH TREE HILL ROAD  
LIVINGSTON NJ 07039**

Mailing Address  
**9 PEACH TREE HILL ROAD  
LIVINGSTON NJ 07039**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
City & State

4. FEI Number **52-2077224** Applied For  Not Applicable

Zip Country Zip Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

9. Capital Contributions as Shown on record. **\$17,544.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 17,544.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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                     |   | 13. ADDRESS CHANGES ONLY      |  |
|---|---|-------------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F99000000705<br/>AMTOPP COPPORATION<br/>9 PEACH TREE HILL ROAD<br/>LIVINGSTON NJ 07039</b>                     | STREET ADDRESS<br>CITY-ST-ZIP | <b>800005575788--6<br/>-05/21/02--01011--002<br/>****211.56 ****211.56</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F99000001734<br/>INTEGRATED BAGGING SYSTEMS CORPORATION<br/>9 PEACH TREE HILL ROAD<br/>LIVINGSTON NJ 07039</b> | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>F99000001735<br/>WORLD-PAK CORPORATION<br/>9 PEACH TREE HILL ROAD<br/>LIVINGSTON NJ 07039</b>                  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>CITY-ST-ZIP |  |

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 REQUIRED** HOMER HSIEH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-02

Date Daytime Phone #

CR2E003 (9/01)