

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

006877

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90065 016 \*\*\*150.00

**DOCUMENT # F95000004235**

1. Corporation Name  
**ULTRA FLEX PACKAGING CORP.**



Principal Place of Business  
975 ESSEX ST.  
BROOKLYN NY 11208

Mailing Address  
975 ESSEX ST.  
BROOKLYN NY 11208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-2327083	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT	1.2 NAME	ELI BLATT
STREET ADDRESS	975 ESSEX STREET	1.3 STREET ADDRESS	6 ROLLING DRIVE
CITY-ST-ZIP	BROOKLYN NY 11208	1.4 CITY-ST-ZIP	BROOKVILLE NY 11545
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALERNO, ALFRED	2.2 NAME	EUGENE SALERNO
STREET ADDRESS	975 ESSEX ST.	2.3 STREET ADDRESS	228 HANLEY DRIVE
CITY-ST-ZIP	BROOKLYN NY 11208	2.4 CITY-ST-ZIP	JERICHO NY 11753
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, TODD	3.2 NAME	
STREET ADDRESS	975 ESSEX ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11208	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, ROBERTA	4.2 NAME	
STREET ADDRESS	975 ESSEX ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11208	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED BLATT Date: 3/27/99 Daytime Phone #: 714-222-5100

CR2E034 (11/98)