

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90039 043 ***150.00

DOCUMENT # F95000004235

1. Entity Name
ULTRA FLEX PACKAGING CORP.

Principal Place of Business 975 ESSEX ST. BROOKLYN NY 11208	Mailing Address 975 ESSEX ST. BROOKLYN NY 11208
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 11-2327083	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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 *Maria Stammers* / *1/18/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	975 ESSEX STREET	
CITY-ST-ZIP	BROOKLYN NY 11208	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALERNO, ALFRED	
STREET ADDRESS	975 ESSEX ST.	
CITY-ST-ZIP	BROOKLYN NY 11208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADDISON, TODD	
STREET ADDRESS	975 ESSEX ST.	
CITY-ST-ZIP	BROOKLYN NY 11208	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, ROBERTA	
STREET ADDRESS	975 ESSEX ST.	
CITY-ST-ZIP	BROOKLYN NY 11208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLATT, ELI	
STREET ADDRESS	6 ROLLING DR	
CITY-ST-ZIP	BROOKVILLE NY 11545	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SALERNO, EUGENE	
STREET ADDRESS	228 HELMET DR	
CITY-ST-ZIP	JERICHO NY 11753	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Alfred Salerno* / *1/18/01 715-272-9100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01000000

CR2E034 (10/00)