

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005183 AF

**DOCUMENT # A95000000896**

**1. Entity Name**  
ISSG LIMITED PARTNERSHIP

FILED

00 FEB -4 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
% DADE PAPER & BAG CO.  
2323 NW 72ND AVENUE (MILAM DAIRY ROAD)  
MIAMI FL 33122-1827

**Mailing Address**  
% DADE PAPER & BAG CO.  
P.O. BOX 523666  
MIAMI FL 33152-3666

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0541012

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
DADE COUNTY CORPORATE AGENTS, INC.  
20801 BISCAYNE BOULEVARD, SUITE 505  
AVENTURA FL 33180

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

**9. Capital Contributions as Shown on record.** \$1,311,400.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	GENET, IRVING 2323 NW 72ND AVENUE (MILAM DAIRY ROAD) MIAMI FL 33122-1827	STREET ADDRESS CITY - ST - ZIP	400003130234-8 -02/10/00-01002-012 ****526.25 ****526.25
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**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: IRVING GENET** **SIGNATURE REQUIRED** *Irving Genet* 02/02/2000 (305)-592-1020

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

CR2E003 (9/99)