

2002 UNIFORM BUSINESS REPORT (UBR)

0010243 AT

DOCUMENT # A95000000896

1. Entity Name

ISSG LIMITED PARTNERSHIP

FILED

02 MAY -1 AM 10: 54

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BOULEVARD, SUITE 505
AVENTURA FL 33180

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. \$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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENET, SYLBA 2323 NW 72ND AVENUE (MILAM DAIRY ROAD) MIAMI FL 33122-1827	STREET ADDRESS CITY-ST-ZIP	8000005554348--4 -05/16/02--01026--026 ****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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 Date Daytime Phone #

CR2E003 (9/01)