

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000896

1. Entity Name
ISSG LIMITED PARTNERSHIP



FILED

03 FEB 12 PM 12:32

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, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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
DOCUMENT #
NAME GENET, IRVING
STREET ADDRESS 2323 NW 72ND AVENUE (MILAM DAIRY ROAD)
CITY-ST-ZIP MIAMI FL 33122-1827

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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BK

CR2E003 (10/02)

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

02/01/03

Date

Daytime Phone #