

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90316 003 \*\*\*150.00

DOCUMENT # **F00000005128**

1. Entity Name  
**IPP OF AMERICA, INC.**



Principal Place of Business  
**C/O BOB BASSO  
22 RIVERVIEW DRIVE  
WAYNE NJ 07470**

Mailing Address  
**C/O BOB BASSO  
22 RIVERVIEW DRIVE  
WAYNE NJ 07470**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3745079**

Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

*Marvin A Morris*  
(NOTE: Registered Agent signature required when reinstating)

**3/27/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MORRIS, MARVIN A</b>
STREET ADDRESS	<b>3 TAMARACK DRIVE</b>
CITY-ST-ZIP	<b>LIVINGSTON NJ 07039</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SCHONBRAUN, BRUCE S</b>
STREET ADDRESS	<b>12 FAWN DRIVE</b>
CITY-ST-ZIP	<b>LIVINGSTON NJ 07039</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COOPER, ALEX L</b>
STREET ADDRESS	<b>3 STAPLES DRIVE</b>
CITY-ST-ZIP	<b>WESTWOOD NJ 07675</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BASSO, ROBERT A</b>
STREET ADDRESS	<b>50 SYMOR DR</b>
CITY-ST-ZIP	<b>CONVENT STATION NJ 07961</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SCHOENINGER, RICHARD</b>
STREET ADDRESS	<b>ONE NY PLAZA, 18TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK NY 10292</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DEAR, MORTON</b>
STREET ADDRESS	<b>22 FORDHAM RD</b>
CITY-ST-ZIP	<b>LIVINGSTON NJ 07039</b>

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T RAMIRO MIQUELI</b>
STREET ADDRESS	<b>808 HARVARD PL.</b>
CITY-ST-ZIP	<b>FT LEE, NJ 07024</b>
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03** **973-696-5800**  
Date Daytime Phone #

CR2E034 (10/02)