

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004235

1. Entity Name

ULTRA FLEX PACKAGING CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90051 013 ***150.00

0 1 2 3 4 5



DO NOT WRITE IN THIS SPACE

Principal Place of Business
975 ESSEX ST.
BROOKLYN NY 11208

Mailing Address
975 ESSEX ST.
BROOKLYN NY 11208-5419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-2327083

Applied For
Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME SMITH, ROBERT
STREET ADDRESS 975 ESSEX STREET
CITY-ST-ZIP BROOKLYN NY 11208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SALERNO, ALFRED
STREET ADDRESS 975 ESSEX ST.
CITY-ST-ZIP BROOKLYN NY 11208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ADDISON, TODD
STREET ADDRESS 975 ESSEX ST.
CITY-ST-ZIP BROOKLYN NY 11208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOX, ROBERTA
STREET ADDRESS 975 ESSEX ST.
CITY-ST-ZIP BROOKLYN NY 11208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME BLATT, ELI
STREET ADDRESS 6 ROLLING DR
CITY-ST-ZIP BROOKVILLE NY 11545

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SALERNO, EUGENE
STREET ADDRESS 228 HELMET DR
CITY-ST-ZIP JERICHO NY 11753

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)