

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90122 044 \*\*\*150.00

DOCUMENT # P99000110007

1. Entity Name  
**INTERPLEX PROTO-STAMP, INC.**

Principal Place of Business

Mailing Address

6690 HIATUS ROAD  
TAMARAC FL 33312

6690 HIATUS ROAD  
TAMARAC FL 33312

2. Principal Place of Business

3. Mailing Address

**75 E SAMPLE ROAD**

**75 E SAMPLE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**POMPANO BEACH FL**

City & State

**POMPANO BEACH FL**

Zip

**33064**

Country

**USA**

Zip

**33064**

Country

**USA**

4. FEI Number

**65-0974958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET**  
**SUITE 2**  
**TALLAHASSEE FL 32301**

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

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **C JACK SEIDLER**  
STREET ADDRESS **120-12 28TH AVE**  
CITY-ST-ZIP **FLUSHING, NY 11354**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **P PAUL KIGHTLINGER**  
STREET ADDRESS **75E SAMPLE ROAD**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **VP MARK ERICSON**  
STREET ADDRESS **75E SAMPLE ROAD**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **T IRVING KLEIN**  
STREET ADDRESS **120-12 28TH AVE**  
CITY-ST-ZIP **FLUSHING, NY 11354**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **S ROBERT FEDER**  
STREET ADDRESS **90 MAPLE AVE**  
CITY-ST-ZIP **WHITE PLAINS, NY 10601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D BERNIE KOPPEL**  
STREET ADDRESS **6690 HIATUS ROAD**  
CITY-ST-ZIP **TAMARAC FL 33321**

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 #

**IRVING KLEIN 4/7/00 (718)961-6212**

CR2E034 (9/99)