2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 197139

1. Entity Name
BROWARD PAPER AND PACKAGING, INC.

Principal Place of Business	Mailing Address
1201 N.E. 45TH ST. PO BOX 5447 FT. LAUDERDALE, FL 33334 US	1201 N.E. 45TH STREET PO BOX 5447 FT LAUDERDALE FLA, 33310-2447 US

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0789005

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOVICK,JOSEPH
1201 N.E. 45TH STREET
FORT LAUDERDALE, FL 33334

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000427835
02/21/06 00023-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOVICK,JOSEPH
STREET ADDRESS	1201 NE 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TD
NAME	NOVICK, TERRI
STREET ADDRESS	1201 NE 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	SD
NAME	MILLHAUSER, LISA NOVICK
STREET ADDRESS	1201 NE 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VD
NAME	NOVICK, KAREN
STREET ADDRESS	1201 NE 45TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	EVD
NAME	MILLHAUSER, HOWARD
STREET ADDRESS	1201 NE 45TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 will be changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Joseph Novick 01-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #