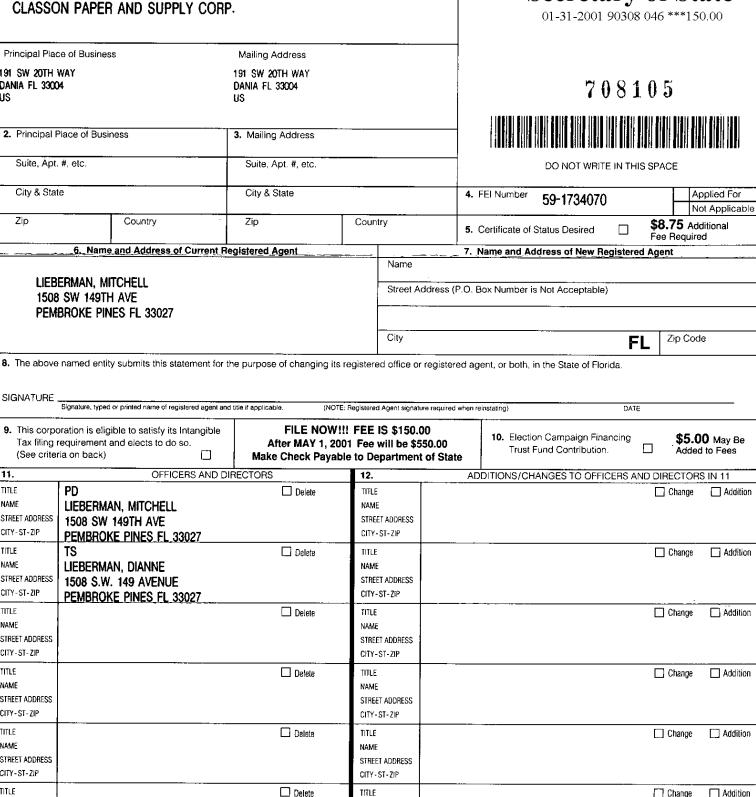
## **FILED**

## Jan 31, 2001 8:00 am Secretary of State



13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or rustee empowered to execute this report. fy or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director port 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

CITY-ST-7IP

SIGNATURE(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

191 SW 20TH WAY

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

City

DANIA FL 33004

HS

**DOCUMENT # 520622** 

CLASSON PAPER AND SUPPLY CORP.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

191 SW 20TH WAY

DANIA FL 33004

Principal Place of Business

2. Principal Place of Business

LIEBERMAN, MITCHELL

9. This corporation is eligible to satisfy its Intangible

LIEBERMAN, MITCHELL

PEMBROKE PINES FL 33027

PEMBROKE PINES FL 33027

1508 SW 149TH AVE

LIEBERMAN, DIANNE

1508 S.W. 149 AVENUE

Tax filing requirement and elects to do so.

(See criteria on back)

PD

1508 SW 149TH AVE PEMBROKE PINES FL 33027

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP

V50/