

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90017 009 ****50.00

DOCUMENT # M99000000514

1. Entity Name

STRATEGIC PAPER GROUP, L.L.C.



Principal Place of Business

**711 WESTCHESTER AVENUE
WHITE PLAINS NY 10604**

Mailing Address

**711 WESTCHESTER AVENUE
WHITE PLAINS NY 10604**

2. Principal Place of Business

161 AVENUE OF AMERICAS

Suite, Apt. #, etc.

3. Mailing Address

161 AVENUE OF AMERICAS

Suite, Apt. #, etc.

City & State

NEW YORK NEW YORK

Zip

10013 1205

Country

City & State

NEW YORK NEW YORK

Zip

10013 1205

Country

4. FEI Number

13-4037503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MGR
HELLER, DONALD
711 WESTCHESTER AVE
WHITE PLAINS NY 10604**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD HELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)