

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90017 023 \*\*\*150.00

**DOCUMENT # P97000102659**

1. Entity Name

**ICON PAPER COMPANY, INC.**

Principal Place of Business

Mailing Address

516 SW 6TH AVE.  
 FT. LAUDERDALE FL 33315

516 SW 6TH AVE.  
 FT. LAUDERDALE FL 33315-1038

2. Principal Place of Business

**7921 W 26 Ave.**

3. Mailing Address

**7921 W 26 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah, FL**

City & State

**Hialeah, FL**

4. FEI Number

**65-0796483**

Applied For

Not Applicable

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TERRY SANTINI & CO., PA**  
**8001 SW 36TH ST., STE 10**  
**DAVIE FL 33328**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SAYERS, WILLIAM L</b>	
STREET ADDRESS	<b>12252 170TH RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<del><b>NARVA, FREDERICK R.</b></del>	
STREET ADDRESS	<b>9919 SW 59 CT.</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDERICK R. NARVA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 titles empowered.

SIGNATURE:

*William L. Sayers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William L. Sayers**

Date

**4-17-00**

Daytime Phone #

**305-557-9449**

CR2E034 (9/99)