

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

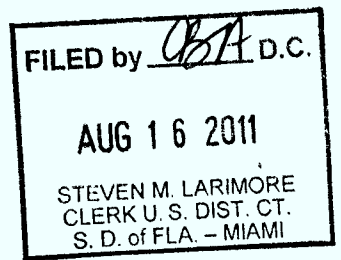
Case No. _____

**The attached hand-written
document
has been scanned and is
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SUPPLEMENTAL
PAPER FILE**

(1" from top of page, and centered, begin title of Court)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No.



LEE SILBER

(Full Name of Plaintiff/s),

Plaintiff (s)

vs.

LITTLE LIGAR SHOP

89 NE FIRST AVE

DOWNTOWN, MIAMI, FL.

(Full Name of Defendant/s),

Defendant(s).

TITLE OF DOCUMENT

I, LEE SILBER [plaintiff or defendant], in the above styled

cause, SUE LITTLE LIGAR SHOP FOR BLATENT

DISCRIMINATION I WENT INTO THEIR STORE YOUR

HONOR WAS DENIED ACCESS TO A FAX MACHINE

TO FAX IMPORTANT PAPERS WAS LIED TO YOUR

HONOR BY THE PEOPLE WHO WORK THERE.

I WANT TO SUE THEM FOR MILLIONS AS I

WILL PROVE YOUR HONOR UNDER OATH, PERJURY,

SWORN AFFIDAVITS, FULL-PROOF LIE DETECTOR

TESTS, DEPOSITIONS, INTEGRATORIES, SUBPOENAS

YOUR HONOR THAT ALL I DID WAS WALK INTO
~~THEIR~~ THEIR STORE ASK TO USE THEIR
FAX MACHINE, WAS TOLD IT WAS BROKEN
YOUR HONOR "AN OOTRIGHT LIE". THIS AS
YOU KNOW YOUR HONOR IS "BLATENT DISCRIM-
INATION" YOUR HONOR AS I WILL PROVE TO YOUR
HONOR: UNDER OATH, PERJURY, SWORN AFFIDAVITS,
FULL PROOF LIE DETECTOR TESTS, DEPOSITIONS,
INTERROTORIES, SUBPOENAS YOUR HONOR WHEN
YOU GIVE ME THE OPPORTUNITY TO SEE YOU
YOUR HONOR.

AUG 16, 2011
Dated: Month, day, year

Respectfully submitted,

LEE SILBER
Name of Filer

Attorney Bar Number (if applicable)

Attorney E-mail Address (if applicable)

LEE SILBER
Firm Name (if applicable)

4700 NW 32 AVE APT 68
Street Address

MIAMI, FL 33172
City, State, Zip Code

Telephone: 786-457-0556

Facsimile: _____

Attorneys for Plaintiff/Defendant [Party name(s)]
(if applicable)

Certificate of Service

I hereby certify that a true and correct copy of the foregoing was served by

_____ [specify method of service] on _____ [date]

on all counsel or parties of record on the Service List below.

Lee Silber
Signature of Filer