

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90708 044 ***150.00

DOCUMENT # P95000067661
 1. Entity Name
VECTOR PRODUCTS, INC.

Principal Place of Business Mailing Address
4140 SW 28TH WAY **4140 SW 28TH WAY**
FORT LAUDERDALE FL 33312 **FORT LAUDERDALE FL 33312**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0604609 Not Applicable

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

6. Name and Address of Current Registered Agent
GERSON, GARY
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BCH LKS BLVD- STE 1200
W. PALM BCH FL 33401

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 (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, 2002 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	PTD <input type="checkbox"/> Delete
NAME	KRIEGER, MICHAEL
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> Delete
NAME	KRIEGER, RICHARD
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	SD <input type="checkbox"/> Delete
NAME	CAMPBELL, JANICE
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> Delete
NAME	KRIEGER, MAX
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> Delete
NAME	RAND, ADAM
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	T <input type="checkbox"/> Delete
NAME	AVCHEN, MALVIN
STREET ADDRESS	4140 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33312

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 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	
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 like empowered.

SIGNATURE: *Janice Campbell* 4/29/02 (354) 584-4446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)