

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 003 ***150.00

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1. Entity Name
VECTOR PRODUCTS, INC.

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

Mailing Address
**4140 SW 28TH WAY
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0604609**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, GARY
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BCH LKS BLVD- STE 1200
W. PALM BCH FL 33401**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

Daytime Phone #

CR2E034 (10/02)