

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001345

1. Entity Name

Vector Aeromotive Corporation

Principal Place of Business

4151 NW 132nd St
Miami, FL 33054

Mailing Address

P.O. Box 800303
Aventura, FL 33280

2. Principal Place of Business

4151 NW 132nd St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 800303
Suite, Apt. #, etc.

City & State

Miami FL
Zip 33054 Country US

City & State

Aventura FL
Zip 33280 Country US

4. FEI Number

33-0254334

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

A. E. Weintraub

Street Address (P.O. Box Number is Not Acceptable)

4151 NW 132nd St

City

Miami

FL

Zip Code

33054

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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	PO	<input checked="" type="checkbox"/> Delete
NAME	Enright, Timothy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Wells, W.R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Libby, Roder	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	Thomas Hallquist	
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	PO / CEO / COO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weintraub, A.E.	
STREET ADDRESS	4151 NW 132nd St. Miami, FL 33054	
CITY-ST-ZIP		
TITLE	Schumer, K. VP / Counsel / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	4151 NW 132nd St	
CITY-ST-ZIP	Miami, FL 33054	
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:

[Signature] A.E. Weintraub P.

4-17-00

305-681-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90044 048 ***158.75

720303

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)