

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90055 015 \*\*\*150.00

**DOCUMENT # F99000005187**

1. Entity Name  
**VGR HOLDING INC.**



Principal Place of Business  
**100 SOUTHEAST SECOND STREET, 32ND FLOOR  
MIAMI, FL 33131**

Mailing Address  
**100 SOUTHEAST SECOND STREET, 32ND FLOOR  
MIAMI, FL 33131**

**44004286**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0949536**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. 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, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CDCO LEBOW, BENNETT S 100 SOUTHEAST SECOND STREET, 32ND FLOOR MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDCEO LEBOW, BENNETT S. 100 SOUTHEAST SECOND ST, 32ND FLR MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV LAMPEN, RICHARD J 100 SOUTHEAST SECOND STREET, 32ND FLOOR MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD LAMPEN, RICHARD J. 100 SOUTHEAST SECOND ST, 32ND FLR MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BELL, MARC N 100 SOUTHEAST SECOND STREET, 32ND FLOOR MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCOO LORBER, HOWARD M. 100 SOUTHEAST SECOND ST, 32ND FLR MIAMI, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO VAN SICLEN, JOSELYNN D 100 SOUTHEAST SECOND STREET, 32ND FLOOR MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KIRKLAND, J. BRYANT III 100 SOUTHEAST SECOND ST, 32ND FLR MIAMI, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EIDE, ROBERT J 70 EAST SUNRISE HIGHWAY, SUITE 415 VALLEY STREAM, NY 115811264</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHARPE, JEAN E. 28 OLD CHURCH LANE, SOUTH SALEM, NY 10590</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PODELL, JEFFREY S 70 EAST SUNRISE HIGHWAY, SUITE 415 VALLEY STREAM, NY 115811264</b> <input type="checkbox"/> Delete		TITLE 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:** **January 15, 2004** **(305) 579-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Marc N. Bell**