

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0010000 09491

1. Entity Name

Vectra Management Group, Inc.

Principal Place of Business

Mailing Address

290 NW 165th St  
Suite PH5  
N. Miami, FL 33169

290 NW 165th ST  
Suite PH5  
N. Miami, FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Linde, Michael J.  
18690 NE 22 Ave  
Ste E  
N Miami, Beach 33180

Name

Michael J. Linde

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

290 NW 165th St

Suite PH5

City

N Miami, FL 3

FL

Zip Code

33169

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

(NOTE: Registered Agent signature required when registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME Michael J. Linde  
STREET ADDRESS 290 NW 165th St Ste PH5  
CITY-ST-ZIP N. Miami, FL 33169

TITLE ☐ Change ☐ Addition  
NAME 300004726453-3  
STREET ADDRESS -12/14/01--01042--004  
CITY-ST-ZIP \*\*\*\*\*306.25 \*\*\*\*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)

**FILED**  
**Jan 02, 2002 8:00**  
**Secretary of State**