

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90078 006 \*\*\*150.00

DOCUMENT # P95000067661

1. Entity Name  
**VECTOR PRODUCTS, INC.**

Principal Place of Business 3003 GREENE ST HOLLYWOOD FL 33020 US	Mailing Address 3003 GREENE ST HOLLYWOOD FL 33020-1038 US
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2. Principal Place of Business <b>4140 S.W. 28th WAY</b> Suite, Apt. #, etc. <b>FORT LAUDERDALE, FLA.</b> City & State	3. Mailing Address <b>4140 S.W. 28th WAY</b> Suite, Apt. #, etc. <b>FORT LAUDERDALE, FLA.</b> City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0604609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>KRIEGER, MICHAEL</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE, FLORIDA 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRIEGER, RICHARD</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE, FLORIDA 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CAMPBELL, JANICE</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE, FLORIDA 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRIEGER, MAX</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE, FLORIDA 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAND, GREG</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE, FLORIDA 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POPOVIC, MILAN</b> <b>3003 GREENE ST</b> <b>HOLLYWOOD FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MALVIN AVCHEN</b> <b>4140 S.W. 28th WAY</b> <b>FORT LAUDERDALE FL. 33312</b>

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: MALVIN AVCHEN CFO Date: 3/1/00 Daytime Phone #: (954) 584-4446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)