

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**  
 09-18-2000 90012 043 \*\*\*558.75

**DOCUMENT # V03064**

1. Entity Name

**GENETIC VECTORS, INC.**



Principal Place of Business

5201 NW 77TH AVE  
 SUITE 100  
 MIAMI FL 33166  
 US

Mailing Address

5201 NW 77TH AVE  
 SUITE 100  
 MIAMI FL 33166  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0324710**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCABE, MEAD M JR.**  
**5201 NW 77TH AVE**  
**SUITE 100**  
**MIAMI FL 33166**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 CPD ☐ Delete  
 NAME MCCABE, MEAD M SR.  
 STREET ADDRESS 12901 S.W. 63RD COURT  
 CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete  
 NAME BURROUGHS, MARK  
 STREET ADDRESS 12901 S.W. 63RD COURT  
 CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete  
 NAME FELL, JACK W PHD  
 STREET ADDRESS 7201 MITCHELL DRIVE  
 CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
 NAME FOLEY, MICHAEL C  
 STREET ADDRESS 6 WINGAT COURT  
 CITY-ST-ZIP FLOURTOWN PA 19031

TITLE *ST/D / CEO* ☐ Delete  
 NAME *Mead McCabe, Jr.*  
 STREET ADDRESS *4830 Bonita Ave*  
 CITY-ST-ZIP *Miami FL 33133*

TITLE *P/D* ☐ Delete  
 NAME *Eric Wilkinson*  
 STREET ADDRESS *5201 NW 77 Ave Ste 100*  
 CITY-ST-ZIP *Miami FL 33166*

TITLE *C/D* ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

*MEAD MCCABE JR*  
**MEAD MCCABE JR**

Date

Daytime Phone #

*9/12/00* **305-716-0000**

CR2E034 (5/00)