

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90116 035 ***150.00

DOCUMENT # F93000002691

1. Entity Name
NEW AGE ELECTRONICS, INC.

Principal Place of Business Mailing Address
2363 E PACIFICA PLACE **2363 E PACIFICA PLACE**
RANCHO DOMINGUEZ CA 90220 **RANCHO DOMINGUEZ CA 90220-6212**
US **US**

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2. Principal Place of Business' 3. Mailing Address
21906 ARNOLD CENTER RD **21906 ARNOLD CENTER RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State CA CA 4. FEI Number **95-4156140** Applied For
CARSON **CARSON** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
90810 **L.A.** **90810** **L.A.** Fee Required

6. Name and Address of Current Registered Agent
GORDON, HOWARD
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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 _____ (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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO PERLMAN, LEE 2363 E PACIFICA PLACE RANCHO DOMINGUEZ CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS CARROLL, ADAM 2363 E PACIFICA PLACE RANCHO DOMINGUEZ CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCIOTTO, FRANK 2363 E PACIFICA PLACE RANCHO DOMINGUEZ CA 90220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFP TIPTON, MARK 2363 E PACIFICA PLACE RANCHO DOMINGUEZ CA 90220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowers.

SIGNATURE: _____ Date: **4-6-00** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR