

# 2003 UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 28 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0034123 AV

DOCUMENT # P94000020215

1. Entity Name  
ASTRON DISTRIBUTION, INC.

Principal Place of Business  
C/O TRANS WORLD FORWARDING, INC.  
2894 NW 79 AVENUE  
MIAMI FL 33122

Mailing Address  
C/O TRANS WORLD FORWARDING, INC.  
2894 NW 79 AVENUE  
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1316 N.W. 78th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
1316 N.W. 78th Ave  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number 65-0479965

Applied For  
 Not Applicable

Zip Country  
33126 USA

Zip Country  
FL 33126 USA

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

6. Name and Address of Current Registered Agent  
BOIANGIN, DAN  
2894 NW 79 AVENUE  
MIAMI FL 33122

7. Name and Address of New Registered Agent  
Name: Dan Boiangin  
Street Address (P.O. Box Number is Not Applicable): 1316 N.W. 78th Ave  
City: Miami FL Zip Code: 33126

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 \_\_\_\_\_ 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)

2003 FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOIANGIN, DAN 2894 NW 79 AVENUE MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan Boiangin 1316 NW 78th Ave Miami, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018467874 05/07/03--01114--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dan Boiangin 4-16-03 305-597-9145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (4/02)