

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002691

1. Entity Name
NEW AGE ELECTRONICS, INC.

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 029 ***550.00

0135971 AT

Principal Place of Business Mailing Address
21950 ARNOLD CENTER RD 21950 21950 ARNOLD CENTER RD
CARSON CA 90810 CARSON CA 90810
US US

2. Principal Place of Business 3. Mailing Address
21950 ARNOLD CENTER RD 21950 ARNOLD CENTER RD
Suite, Apt. #, etc. Suite, Apt. #, etc.
CARSON CA CARSON, CA
City & State City & State
90810 90810
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4156140 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, HOWARD
201 ALHAMBRA CIRCLE
CENTRAL 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 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!!! FEES \$550.00
After September 12, 2001 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

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	21950 ARNOLD CENTER RD CARSON CA. 90816	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE (ADDRESS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Tipton

9-10-01

Date

Daytime Phone #

CR2E034 (5/01)