FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91501 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078272

1. Entity Name

AS ELECTRONICS INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1880 NW 78th AVE	1880 NW 78th AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: PEMBROKE PINES FL	City & State: PEMBROKE PINES FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 54-2064025 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALON LEVI

Street Address (P.O. Box Number is Not Acceptable): 1880 NW 78th AVE

City: PEMBROKE PINES FL Zip Code: 33024

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] 4/25/03

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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT NAME: ALON LEVI STREET ADDRESS: 1880 NW 78th AVE CITY-ST-ZIP: PEMBROKE PINES FL 33024	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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/03 954 818 0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #