

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90058 044 ***150.00

DOCUMENT # P15231

1. Entity Name

ALL AMERICAN SEMICONDUCTOR, INC.

Principal Place of Business

16115 NW 52ND AVE.
MIAMI FL 33014
US

Mailing Address

16115 NW 52 AVE.
MIAMI FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2814714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, PAUL
16115 NW 52ND AVE.
MIAMI FL 33014

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!!! FEE IS \$150.00
After MAY 1, 2001 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 **DC** ☐ Delete
NAME **GOLDBERG, PAUL**
STREET ADDRESS **16115 NW 52ND AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VDST** ☐ Delete
NAME **FLANDERS, HOWARD L. (AS,CFO)**
STREET ADDRESS **16115 NW 52ND AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
NAME **GOLDBERG, BRUCE M.**
STREET ADDRESS **230 DEVCON DRIVE**
CITY-ST-ZIP **SAN JOSE CA 95112**

TITLE **D** ☒ Delete
NAME **MANDEL, CYE**
STREET ADDRESS **1800 NE 114TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
NAME **GORDON, RICK**
STREET ADDRESS **230 DEVCON DRIVE**
CITY-ST-ZIP **SAN JOSE CA 95112**

TITLE **D** ☒ Delete
NAME **LIEBERBAUM, SHELLY**
STREET ADDRESS **600 OLD COUNTRY ROAD, STE. 330**
CITY-ST-ZIP **GARDEN CITY NY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Daniel M. Robbin**
STREET ADDRESS **4697 Carlton Golf Drive**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard E. Siegel**
STREET ADDRESS **10 Long Spur Street**
CITY-ST-ZIP **Portola Valley, CA 94028**

TITLE **D** ☐ Change ☒ Addition
NAME **Robin L. Crandell**
STREET ADDRESS **2700 Augustine Drive, Suite 110**
CITY-ST-ZIP **Santa Clara, CA 95054**

TITLE ☐ 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

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

Howard L. Flanders **4/17/01**

Date

305-626-4149

CR2E034 (10/00)