

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29230

1. Entity Name

NU HORIZONS ELECTRONICS CORP.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90016 042 ***150.00

Principal Place of Business

NEW HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE NY 11747

Mailing Address

NEW HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE NY 11747-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3421 NW 55th Street

City & State

City & State

F. Lauderdale, FL 33309

Zip

Country

Zip

Country

4. FEI Number

11-2621097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 not 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME LUBMAN, IRVING
STREET ADDRESS 329 PEPBRIDGE ROAD
CITY-ST-ZIP HEWLETT HARBOR NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME NADATA, ARTHUR
STREET ADDRESS 25 NORTHCOTE DR.
CITY-ST-ZIP MELVILLE NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DURANDO, PAUL
STREET ADDRESS 31 MARLIN LANE
CITY-ST-ZIP PORT WASHINGTON NY 10050

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME SCHUSTER, RICHARD S.
STREET ADDRESS 11 CLEARMEADOW COURT
CITY-ST-ZIP WOODBURY NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GARDNER, HERBERT M.
STREET ADDRESS 4 DARLEY ROAD
CITY-ST-ZIP GREAT NECK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLAU, HARVEY R.
STREET ADDRESS 125 WEATLEY ROAD
CITY-ST-ZIP OLD WESTBURY NY

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

Date

Daytime Phone #

CR2E034 (9/99)