

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90603 023 ***150.00

DOCUMENT # P29230

1. Entity Name
NU HORIZONS ELECTRONICS CORP.

Principal Place of Business
NU HORIZONS ELECT. CORP.
3421 NW 55TH ST
FORT LAUDERDALE FL 33309

Mailing Address
NU HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE NY 11747

LU021128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2621097**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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 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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur N. Lubman President CEO

2/17/01

Date

631-396-5000

Daytime Phone #

CR2E034 (10/00)