

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90006 045 ***150.00

DOCUMENT # P29230			
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	
Principal Place of Business		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME C LUBMAN, IRVING <input type="checkbox"/> Delete STREET ADDRESS 329 PEPBRIDGE ROAD CITY-ST-ZIP HEWLETT HARBOR NY	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME PD NADATA, ARTHUR <input type="checkbox"/> Delete STREET ADDRESS 25 NORTHCOTE DR. CITY-ST-ZIP MELVILLE NY	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME VD DURANDO, PAUL <input type="checkbox"/> Delete STREET ADDRESS 31 MARLIN LANE CITY-ST-ZIP PORT WASHINGTON NY 10050	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME VSD SCHUSTER, RICHARD S. <input type="checkbox"/> Delete STREET ADDRESS 11 CLEARMEADOW COURT CITY-ST-ZIP WOODBURY NY	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME D GARDNER, HERBERT M. <input type="checkbox"/> Delete STREET ADDRESS 4 DARLEY ROAD CITY-ST-ZIP GREAT NECK NY	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME D BLAU, HARVEY R. <input type="checkbox"/> Delete STREET ADDRESS 125 WEATLEY ROAD CITY-ST-ZIP OLD WESTBURY NY	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____



DO NOT WRITE IN THIS SPACE

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 #

Arthur Nadata **Arthur Nadata** President 1-702 631-396-522

~P2E034 (9/01)