

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

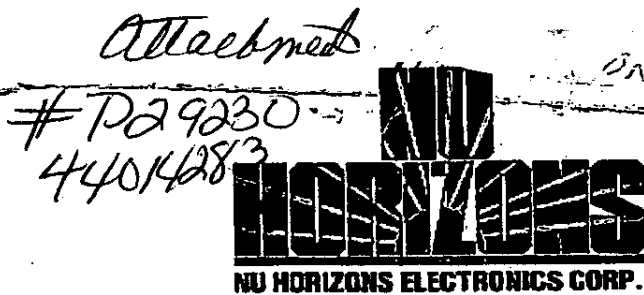
02-11-2004 90004 042 *****5.00
03-01-2004 90042 018 ***145.00

44014600



MOORE CR2E034 (11/03)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUBMAN, IRVING 329 PEPBRIDGE ROAD HEWLETT HARBOR NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Siegel 2131 Newbridge Road Belmore, NY 11710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADATA, ARTHUR 25 NORTHCOTE DR. MELVILLE NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dominic Polimeni 6400 Congress Ave. - Suite 200 Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURANDO, PAUL 31 MARLIN LANE PORT WASHINGTON NY-10050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHUSTER, RICHARD S. 11 CLEARMEADOW COURT WOODBURY NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, HERBERT M. 4 DARLEY ROAD GREAT NECK NY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAU, HARVEY R. 125 WEATLEY ROAD OLD WESTBURY NY <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Arthur Nadata</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>CEO/President</i> <small>Date</small> 1/28/04 <small>Daytime Phone #</small> 631-396-522 x344		



Board of Directors

Mr. Herbert Gardner ✓
Janney Montgomery Scott
26 Broadway - 8th Floor
New York, NY 10004
(212) 510-0684
SS # 111-28-1461
Term expires 9/03

Mr. Arthur Nadata ✓
President and CEO
Nu Horizons Electronics
70 Maxess Road
Melville, NY 11747
(631) 396-5000
SS # 059-38-7213
Term expires 9/05

Mr. Dominic Polimeni
Gulf Stream Financial
6400 Congress Ave - Suite 200
Boca Raton, FL 33487
(561) 241-3355
SS # 103-36-2846
Term expires 9/04

Mr. Irving Lubman ✓
Chairman
Nu Horizons Electronics
70 Maxess Road
Melville, NY 11747
(631) 396-5000
SS # 070-32-1827
Term expires 9/05

Mr. Richard Schuster ✓
Secretary
Nu Horizons Electronics
70 Maxess Road
Melville, NY 11747
(631) 396-5000
Term expires 9/04
SS # 132-40-2870

Mr. David Siegel
Great American
2131 Newbridge Road
Bellmore, NY 11710
(516) 679-1350
SS # 124-14-658
Term expires 9/05

Mr. Paul Durando ✓
Vice-President of Finance
Nu Horizons Electronics
70 Maxess Road
Melville, NY 11747
(631) 396-5000
SS # 107-34-6632
Term expires 9/03



Attachment
44014283

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 13, 2004

NU HORIZONS ELECTRONICS CORP.
NU HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE, NY 11747

Subject: NU HORIZONS ELECTRONICS CORP.

Reference Number: P29230

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$5.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$145.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION