

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001111

1. Entity Name

ALPHA AND OMEGA ELECTRONICS DISTRIBUTOR INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90023 046 \*\*\*150.00

Principal Place of Business

121 SE FIRST STREET SUITE 406  
MIAMI FL 33131

Mailing Address

121 SE FIRST STREET SUITE 406  
MIAMI FL 33131-1404

2. Principal Place of Business

124 S. E. 1 St.

Suite, Apt. #, etc.

3. Mailing Address

124 S. E. 1 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0804991

Applied For

Not Applicable

Zip

33131

Country

Dade

Zip

33131

Country

Dade

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

HOBAN, CHIE K  
7355 NW 41 STREET  
MIAMI FL 33166

Name

Kyu Yong Cho

Street Address (P.O. Box Number is Not Acceptable)

3877 Bimini

City

Cooper City

FL

Zip Code

33026

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.

Kyu Yong Cho, Pres.

4/20/00

(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	PSTD	<input type="checkbox"/> Delete
NAME	CHO, KYU YONG	
STREET ADDRESS	3877 BIMINI	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Kyu Yong Cho 4/20/00 (305)377-0807

Date

Daytime Phone #

CR2E034 (9/99)