

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90205 028 ***150.00

DOCUMENT # P98000001111

1. Entity Name
ALPHA AND OMEGA ELECTRONICS DISTRIBUTOR INC.



Principal Place of Business
124 SE 1ST STREET
MIAMI FL 33131

Mailing Address
124 SE 1ST STREET
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0804991**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHO, KYU YONG
3877 BIMINI
COOPER CITY FL 33026

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **CHO, KYU YONG**
STREET ADDRESS **3877 BIMINI**
CITY-ST-ZIP **COOPER CITY FL 33026**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 *[Signature]* **Cho, President 2/20/03 (305)377-0807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

7004673

Form **8822**

(Rev December 2002)

Department of the Treasury
Internal Revenue Service

Change of Address

P980000001111

OMB No. 1545-1163

▶ Please type or print.

▶ See instructions. ▶ Do not attach this form to your return.

Complete This Part To Change Your Home Mailing AddressCheck **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc)
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

Complete This Part To Change Your Business Mailing Address or Business LocationCheck **all** boxes this change affects:

- 8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)
- 9 ☒ Employee plan returns (Forms 5500, 5500-EZ, etc)
- 10 ☒ Business location

11a Business name

11b Employer identification number

ALPHA & OMEGA ELECTRONIC DISTRIBUTOR

65-0804991

12 Old mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

124 S. E. FIRST STREET

MIAMI

FL 33131

13 New mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

2856 N. W. 72 AVENUE

MIAMI

FL 33122

14 New business location (no., street, city or town, state & ZIP code). If a foreign address, see instructions.

Room or suite no.

2856 N. W. 72 AVENUE

MIAMI

FL 33122

Signature

Daytime telephone number of person to contact (optional)

▶ (305) 471-4749

Sign
Here

Your signature

Date

Part II completed, signature of owner, officer, or representative

Date

If joint return, spouse's signature

Date

Title

President

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 8822 (Rev 12-2002)