

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030031

1. Entity Name
GAMMA DELTA CORP.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90051 050 ***150.00

Principal Place of Business

**115 SE 2ND ST.
2ND FLOOR
MIAMI FL 33131**

Mailing Address

**PO BOX 110239
MIAMI FL 33131-0239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0602754**

Applied For
Not Applicable

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

**DEMOS, ANGELO P ESQ.
1101 BRICKELL AVE
STE 1700
MIAMI FL 33131**

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	VP	☐ Delete
NAME	TZORTZAKIS, MARIA	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DPAS	☐ Delete
NAME	CONSTANTINO, TEODORO	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVAS	☐ Delete
NAME	CONSTANTINO, ALICIA	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VS	☐ Delete
NAME	GOVANTES, CARLOS	
STREET ADDRESS	115 SE 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-4-01 (305) 594-0450

Date

Daytime Phone #

CR2E034 (10/00)

0494835