## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # H32462 1. Entity Name GAMMA ELECTRONICS CORPORATION 05-15-2000 90311 035 \*\*\*150.00 Principal Place of Business Mailing Address 10222 Camelback Lane Boca Raton, FL 33498 0050352 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-260-2231 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KACZOR EUGENE Street Address (P.O.-Box Number is Not Acceptable) 10222 CAMELBACK LANE BOCA RATON, FL 33498 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE CPM Defete TITLE PTS NAME NAME EUGENE KACZOR CONSTANZA P. KACZOR 10222 Camelback Ln, Boca Raton 334 STREET ADDRESS STREET ADDRESS 1801 S. FEDERAL HWY, STE 236 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33483 Addition TITLE PAULA POSADA NAME NAME STREET ADDRESS STREET ADDRESS 21218 Lago Circle, 7H CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33433 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5614770638