

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90080 027 \*\*\*158.75

**DOCUMENT # L28247**  
 Entity Name  
**ORGANIZACION GAMMA, INC.**

Principal Place of Business Mailing Address  
 N.E. 169TH STREET 3388 N.E. 169TH STREET  
 MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160-3068  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address  
**16401 NW 2<sup>nd</sup> AVENUE** **16401 NW 2<sup>nd</sup> AVENUE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 103** **# 103**

City & State City & State  
**North Miami Beach FL** **North Miami Beach FL**  
 Zip Country Zip Country  
**33169** **U.S.A.** **33169** **U.S.A.**

4. FEI Number **59-2982270** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARBER, MIGUEL**  
**3388 N.E. 169TH STREET**  
**N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.   
**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

TITLE NAME	<b>PVST</b> <b>GARBER, MIGUEL G.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3388 N.E. 169TH STREET</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE NAME	<b>VD</b> <b>BONGOLAN, LORENZO S</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9903 LONE TREE LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MIGUEL GARBER, President 3-6-2000 305-354-7008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)