

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030031

1. Entity Name

GAMMA DELTA CORP.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90086 015 ***150.00

Principal Place of Business

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

Mailing Address

PO BOX 110239
MIAMI FL 33111-0239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0602754

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

DEMOS, ANGELO P. Esq.

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

1101 Brickell Ave.

Suite 1700

City

Miami

FL

Zip Code
33131

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, 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 VP
NAME TZORTZAKIS, MARIA
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VP
NAME TZORTZAKIS, NIKOS
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE DPAS
NAME CONSTANTINO, TEODORO
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE DVAS
NAME CONSTANTINO, ALICIA
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VP
NAME CONSTANTINO, PANAYOTIS
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VS
NAME GOVANTES, CARLOS
STREET ADDRESS 115 SE 2ND ST.
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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 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

4-12-00 (305)594-0450

Date

Daytime Phone #

CR2E034 (9/99)