

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P95000030031

00 JUL 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GAMMA DELTA CORP.

| | |
|--|---|
| 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 | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE
 07/13/00 90058 001 306.25
 4. FEI Number 65-0602754 Applied For Not Applicable

6. Name and Address of Current Registered Agent
DEMOS, ANGELO P
 115 SE 2ND ST.
 2ND FLOOR
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 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 *Angelo P. Demos* DATE **7-17-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP | VP TZORTZAKIS, MARIA 115 SE 2ND ST. MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TZORTZAKIS, NIKOS 115 SE 2ND ST. MIAMI FL 33131 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPAS CONSTANTINO, TEODORO 115 SE 2ND ST. MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS CONSTANTINO, ALICIA 115 SE 2ND ST. MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CONSTANTINO, PANAYOTIS 115 SE 2ND ST. MIAMI FL 33131 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS GOVANTES, CARLOS 115 SE 2ND ST. MIAMI FL 33131 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Carlos Govantes* DATE: **4-12-00** (305)594-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (8/99)

7/20