Jun 18, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000030031 06-18-2002 90488 016 ***150.00 1. Entity Name GAMMA DELTA CORP. Principal Place of Business Mailing Address o v o o v o 115 SE 2ND ST. PO BOX 110239 2ND FLOOR MIAM) FL 33131-0239 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0602754 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMOS, ANGELO P ESQ. Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE STE 1700 **MIAM! FL 33131** City Zip Code 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 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. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Jax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) TZORTZAKIS, MARIA NAME NAME STREET ADDRESS 115 SE 2ND ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE **DPAS** Delete Change ☐ Addition NAME CONSTANTINO, TEODORO NAME STREET ADORESS STREET ADDRESS 115 SE 2ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Defete TITLE DVAS ☐ Change ☐ Addition MAME CONSTANTINO, ALICIA NAME-STREET ADDRESS STREET ADDRESS 115 SE 2ND ST. CITY_ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE □ Delete TIME Change ☐ Addition NAME **GOVANTES, CARLOS** NAME STREET ADDRESS 115 SE 2ND ST. STREET ADDRESS CITY-ST-ZIP MIAM) FL 33131 CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 assurate 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 excute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if the report of the corporation or the receiver or trustee empowered to excute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED



May 23, 2002

GAMMA DELTA CORP. PO BOX 110239 MIAMI, FL 33131-0239

Subject: GAMMA DELTA CORP.

Reference Number:

^LP95000030031

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM ANNUAL REPORTS SECTION