

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90055 015 \*\*\*150.00

B0021836



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000051419**

1. Entity Name

**GAMMA USA, INC.**

Principal Place of Business

Mailing Address

**C O 6130 BLVD. ST. ANNE  
 L'ANGE GARDIEN. QUEBEC GOA -2K0**

**C O 6130 BLVD. ST. ANNE  
 L'ANGE GARDIEN. QUEBEC GOA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0594845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**CHARCHAT, STEVEN M ESQ.  
 TUMPSON & CHARCHAT, P.A.  
 848 BIRCKELL AVENUE, SUITE 400  
 MIAMI FL 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          | <b>P</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>LEFRANCIOS, ROLAND</b>              |  |
| STREET ADDRESS | <b>6130 BLVD. STE-ANNE</b>             |  |
| CITY-ST-ZIP    | <b>L'ANGE-GARDIEN, QUEBEC, CANADA</b>  |  |
| TITLE          | <b>VD</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>LEFRANCOIS, ALAIN</b>               |  |
| STREET ADDRESS | <b>C O 6130 BLVD, ST. ANNE</b>         |  |
| CITY-ST-ZIP    | <b>L'ANGE GARDIEN, QUEBEC GOA -2K0</b> |  |
| TITLE          | <b>STD</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>LEFRANCOIS, JEAN</b>                |  |
| STREET ADDRESS | <b>C O 6130 BLVD, ST. ANNE</b>         |  |
| CITY-ST-ZIP    | <b>L'ANGE GARDIEN, QUEBEC GOA -2K0</b> |  |
| TITLE          | <b>T</b>                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TURCOTTE, GUY</b>                   |  |
| STREET ADDRESS | <b>% 6130 BLVD., ST. ANNE</b>          |  |
| CITY-ST-ZIP    | <b>L'ANGE GARDIEN, QUEBEC GOA -2K0</b> |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Delete            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

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

Date

Daytime Phone

**JEAN LEFRANCIOIS SEC-TREASURER 2-8-00 (418) 822-1448**

CR2E034 (9/99)