

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90176 016 ***150.00

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 -2K0**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0594845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**CHARCHAT, STEVEN M ESQ.
 TUMPSON & CHARCHAT, P.A.
 848 BIRCKELL AVENUE, SUITE 400
 MIAMI FL 33131**

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

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LEFRANCIOS, ROLAND	
STREET ADDRESS	6130 BLVD. STE-ANNE	
CITY-ST-ZIP	L'ANGE-GARDIEN, QUEBEC, CANADA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEFRANCOIS, ALAIN	
STREET ADDRESS	C O 6130 BLVD, ST. ANNE	
CITY-ST-ZIP	L'ANGE GARDIEN, QUEBEC GOA -2K0	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEFRANCOIS, JEAN	
STREET ADDRESS	C O 6130 BLVD, ST. ANNE	
CITY-ST-ZIP	L'ANGE GARDIEN, QUEBEC GOA -2K0	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRUZER, STEWART	
STREET ADDRESS	C O 6130 BLVD, ST. ANNE	
CITY-ST-ZIP	L'ANGE GARDIEN, QUEBEC GOA -2K0	
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	
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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)(l), 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]* **JEAN LEFRANCOIS V.P. 1-17-2002 418-822-1448**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)