

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91175 007 ***150.00

DOCUMENT # P95000051419

1. Entity Name
GAMMA USA, INC.



Principal Place of Business
C O 6130 BLVD. ST. ANNE
L'ANGE GARDIEN. QUEBEC GOA -2K0

Mailing Address
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 Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEFRANCIOS, ROLAND**
STREET ADDRESS **6130 BLVD. STE-ANNE**
CITY-ST-ZIP **L'ANGE-GARDIEN, QUEBEC, CANADA**

TITLE **DT** ☐ Delete
NAME **LEFRANCOIS, ALAIN**
STREET ADDRESS **C O 6130 BLVD. ST. ANNE**
CITY-ST-ZIP **L'ANGE GARDIEN, QUEBEC GOA -2K0**

TITLE **DV** ☐ Delete
NAME **LEFRANCOIS, JEAN**
STREET ADDRESS **C O 6130 BLVD. ST. ANNE**
CITY-ST-ZIP **L'ANGE GARDIEN, QUEBEC GOA -2K0**

TITLE **S** ☐ Delete
NAME **STRUZER, STEWART**
STREET ADDRESS **C O 6130 BLVD. ST. ANNE**
CITY-ST-ZIP **L'ANGE GARDIEN, QUEBEC GOA -2K0**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03

305 957-7004

CR2E034 (10/02)