

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91161 026 ***150.00

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DOCUMENT# P97000025091

1. Entity
GAMMA CORPORATION



Principal Place of
4699 N. FEDERAL HWY.
STE. #205C
POMPANO BCH. FL 33064 US

Mailing
22317 SW 66TH AVE
#2309
BOCA RATON FL 33428 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number
65-0739612

Applied For
Not Applicable

5. Certificate of Status
Domestic

\$8.75 Additional
Fee Required

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered

7. Name and Address of Now Registered

TIOSSI, MARIA HELENA
4699 N FEDERAL HIGHWAY
STE#205-C
POMPANO BEACH FL 33064

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ **Delete**
NAME **SILVA, PEDRO L.**
STREET ADDRESS **4699 N FEDERAL HWY STE 205-C**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **PSD** ☐ **Delete**
NAME **TIOSSI, MARIA H**
STREET ADDRESS **4699 N FEDERAL HWY STE 205-C**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE **PD** ☐ **Delete**
NAME **SILVA, PEDRO L.**
STREET ADDRESS **4699 N FEDERAL HWY STE 205-C**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
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TITLE ☐ **Delete**
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CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Chang** ☐ **Additi**
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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 qualified 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (954) 420-0051

Date Daytime Phone #