

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90464 023 ***150.00

DOCUMENT # P99000090242

1. Entity Name

GAMMA MACHINERY INC.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD SUITE 200
 BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 200
 BOCA RATON FL 33433

2. Principal Place of Business

700 S. Federal Hwy.
 Suite 200-SZG
 Boca Raton, FL 33432

3. Mailing Address

700 S. Federal Hwy.
 Suite 200-SZG
 Boca Raton, FL 33432

4. FEI Number

APPLIED FOR

65-1003154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
 7000 WEST PALMETTO PARK ROAD SUITE 200
 BOCA RATON FL 33433

Name

Garellek, Steven

Street

700 S. Federal Hwy., Suite 200
 Boca Raton, FL 33432

City

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	VARGA, ANDRE	
STREET ADDRESS	219 CLARKE AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	DREBIK, AGNES	
STREET ADDRESS	219 CLARKE AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JOSEPH VARGA	
STREET ADDRESS	219 Clarke Ave.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREBIK, AGNES	
STREET ADDRESS	219 Clarke Ave.	
CITY-ST-ZIP	Palm Beach FL 33480	
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 #

4/23/01 561 3913344

CR2E034 (10/00)