

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2001 90290 004 ***150.00

DOCUMENT # S21827 1. Entity Name GAMMA CARRIERS (USA), INC.																																																																																																							
Principal Place of Business C/O MANAGER 2511 N.W. 72ND AVE MIAMI FL 33122 US		Mailing Address MANAGER 2511 N.W. 72ND AVE MIAMI FL 33122 US																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM INC. 1202 HAYS STREET, STE. 105 TALLAHASSEE FL 32301		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. SIGNATURE: 2-22-2001 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P OBREGON, PABLO <input type="checkbox"/> Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P VELEZ, ALFREDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OBREGON, PABLO</td> <td>NAME</td> <td>VELEZ, ALFREDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33122</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33122</td> </tr> <tr> <td>TITLE</td> <td>D TORO, LUIS <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>M GUTIERREZ, VICTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TORO, LUIS</td> <td>NAME</td> <td>GUTIERREZ, VICTOR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33122</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33122</td> </tr> <tr> <td>TITLE</td> <td>S ARANGO, GABRIEL J. <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>T TORRES, LUIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ARANGO, GABRIEL J.</td> <td>NAME</td> <td>TORRES, LUIS</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33122</td> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33122</td> </tr> <tr> <td>TITLE</td> <td>D VELEZ, ALFREDO <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td>VELEZ, ALFREDO</td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>2511 NW 72ND AVE</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P OBREGON, PABLO <input type="checkbox"/> Delete	TITLE	P VELEZ, ALFREDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	OBREGON, PABLO	NAME	VELEZ, ALFREDO	STREET ADDRESS	2511 NW 72ND AVE.	STREET ADDRESS	2511 NW 72ND AVE.	CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI, FL 33122	TITLE	D TORO, LUIS <input type="checkbox"/> Delete	TITLE	M GUTIERREZ, VICTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	TORO, LUIS	NAME	GUTIERREZ, VICTOR	STREET ADDRESS	2511 NW 72ND AVE.	STREET ADDRESS	2511 NW 72ND AVE.	CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI, FL 33122	TITLE	S ARANGO, GABRIEL J. <input type="checkbox"/> Delete	TITLE	T TORRES, LUIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ARANGO, GABRIEL J.	NAME	TORRES, LUIS	STREET ADDRESS	2511 NW 72ND AVE.	STREET ADDRESS	2511 NW 72ND AVE.	CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI, FL 33122	TITLE	D VELEZ, ALFREDO <input type="checkbox"/> Delete	TITLE		NAME	VELEZ, ALFREDO	NAME		STREET ADDRESS	2511 NW 72ND AVE	STREET ADDRESS		CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2-22-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0257415** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)