

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001425

1. Entity Name

TOP GUN BROKERAGE L.L.C.

Principal Place of Business

230 HISPANOLA ROAD
TAVERNIER FL 33070

Mailing Address

230 HISPANOLA ROAD
TAVERNIER FL 33070-2945

2. Principal Place of Business

3. Mailing Address

PO Box 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tavernier, FL

Zip

Country

Zip

33070

Country

4. FEI Number

650913132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CATALFAMO, TONY
230 HISPANOLA ROAD
TAVERNIER FL 33070

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
CATALFAMO, TONY
STREET ADDRESS 230 HISPANOLA ROAD
CITY- ST- ZIP TAVERNIER FL 33070

TITLE NAME ☒ Delete
MGRM
WAGNER, DONALD
STREET ADDRESS BOX 326
CITY- ST- ZIP TAVERNIER FL 33070

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/15/00 305-852-0414

CR2E083 (9/99)