

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001425

1. Entity Name  
TOP GUN BROKERAGE L.L.C.

FILED

01 MAY -1 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
230 HISPANOLA ROAD  
TAVERNIER FL 33070

Mailing Address  
P.O. BOX 326  
TAVERNIER FL 33070

2. Principal Place of Business  
1732 S. Goldeneye Lane  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 343028  
Suite, Apt. #, etc.

City & State  
Homestead FL  
Zip 33035 Country USA

City & State  
FLORIDA CITY FL  
Zip 33034 Country USA

4. FEI Number 65-0913132  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ : \$5.00 Additional Fee Required

## 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 \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	MGRM CATALFAMO, TONY 230 HISPANOLA ROAD TAVERNIER FL 33070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debbie Catalfamo 1732 S. Goldeneye Lane Homestead FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATALFAMO, TONY 1732 S. Goldeneye Lane Homestead FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004275132 -05/22/01--01004--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 60B, Florida Statutes.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4125101 305-245-3160

Date Daytime Phone #

0008109 AF

CR2E083 (11/00)