

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2001 90354 002 ***150.00

DOCUMENT # P99000007058

1. Entity Name

TOP GUN TRADING SYSTEMS, INC.

Principal Place of Business

**230 HISPANOLA RD.
TAVERNIER FL 33070**

Mailing Address

**230 HISPANOLA RD.
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

U.S.A.

City & State

Florida City FL

Zip

33034

Country

U.S.A.

4. FEI Number

65-0892511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIEMAN, ALEXANDRA V
2856 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

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

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 **D** ☐ Delete
NAME **RIEMAN, ALEXANDRA V**
STREET ADDRESS **2856 E. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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:

Deborah Catalano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH CATALANO

Date

3/1/01

Daytime Phone #

305-245-3160

CR2E034 (10/00)