

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90067 008 \*\*\*\*50.00

**DOCUMENT # L02000000398**



1. Entity Name

1200 SOUTH MAIN STREET, LLC

Principal Place of Business

1200 S MAIN ST  
SUITE 100  
BELLE GLADE FL 33430

Mailing Address

1200 S MAIN ST  
SUITE 100  
BELLE GLADE FL 33430

**55036907**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

225 SW 1st Street

Suite, Apt. #, etc.

City & State

Belle Glade, FL

Zip

33430

Country

Palm Beach

4. FEI Number

90-0001459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WITKOWSKI, RONALD ESQ  
12798 FOREST HILL BLVD., STE. 202  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Samar Barhoush

Street Address (P.O. Box Number is Not Acceptable)

225 SW 1st Street

City Belle Glade

FL

Zip Code 33430

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/18/03

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR  
HARLAND, DR. MARTIN T  
STREET ADDRESS 1200 S MAIN ST SUITE 100  
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME Manager/Secretary  
Samar Barhoush  
STREET ADDRESS 225 SW 1st Street  
CITY-ST-ZIP Belle Glade, FL 33430 ☐ Change ☒ Addition

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 REQUIRED**

9/3/03

561 946 9573

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

Date

Daytime Phone #

CR2E083 (4/03)