

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90073 027 \*\*\*\*50.00

**DOCUMENT # L02000010570**

1. Entity Name

**ALLIED FARMS LLC**



Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI FL 33133**

2. Principal Place of Business

**8200 NW 41 ST**

3. Mailing Address

**PO BOX 526308**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**375**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33166**

Country

**US**

Zip

**33152**

Country

**US**

4. FEI Number

**04-3674064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **BARRY GOTTLIEB**

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

**8200 NW 41ST**

**Suite 375**

City

**Miami**

**FL**

Zip Code

**33166**

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

*Barry Gottlieb - President*

**4-21-03**

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 Florida Department of State)**

**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTTLIEB, BARRY 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, HARRY 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, JOHN 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, RICHARD 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHAN, RICHARD M 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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 608, Florida Statutes.

SIGNATURE:

*Barry Gottlieb - President*

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

Date

Daytime Phone #

**4-21-03 786-866-2420**

CR2E083 (10/02)