

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014286

1. Entity Name

MAIN LINE INVESTMENTS GROUP, L.C.

Principal Place of Business

19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434

Mailing Address

19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHLOMCHIK, SEYMOUR M.D.
19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434

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 of registered agent 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 MGR SHLOMCHIK, SEYMOUR M.D. ☐ Delete
STREET ADDRESS 19480 SAWGRASS DRIVE, UNIT 1701
CITY-ST-ZIP BOCA RATON FL 33434

TITLE NAME MGR SHLOMCHIK, MARK M.D. ☐ Delete
STREET ADDRESS 27 FOX DEN WAY
CITY-ST-ZIP WOODBRIDGE CT 06525

TITLE NAME MGR SHLOMCHIK, WARREN M.D. ☐ Delete
STREET ADDRESS 50 HARBOUR VIEW PLACE
CITY-ST-ZIP STRATFORD CT 05615

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 600003576116-6
CITY-ST-ZIP -01/26/01--01037--002
*****50.00 *****50.00

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 JAN 18 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)