

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90104 015 ***158.75

DOCUMENT # P95000071605

1. Entity Name
MAIN LINE MORTGAGE OF S. FLORIDA, INC.



Principal Place of Business
2855 N. UNIVERSITY DR.
#110
CORAL SPRINGS FL 33065
US

Mailing Address
2855 N. UNIVERSITY DR.
#110
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0617448**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEKOFF, NELSON
21312 ROCKRIDGE DR
BOCA RATON FL 33428

Name **Bekoff, Nelson**
Street Address (P.O. Box Number is Not Acceptable)
2459 NW 45TH LANE
City **Boca Raton** FL Zip Code **33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	VALERIE BEKOFF	
STREET ADDRESS	21312 ROCKRIDGE DR	
CITY-ST-ZIP	BOCA RATON FL 33428-4874	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEKOFF, NELSON	
STREET ADDRESS	21312 ROCK RIDGE DR	
CITY-ST-ZIP	BOCA RATON FL 33425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other IIRs empowered.

SIGNATURE: SIGNATURE REQUIRED **1/30/03 561-239-7311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)