

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90034 009 \*\*\*150.00

0026136 AV

**DOCUMENT # P00000033197**

1. Entity Name

**FROM CONTRACT TO CLOSING, INC.**

Principal Place of Business

**340 SW 181ST WAY  
 PEMBROKE PINES FL 33029**

Mailing Address

**340 SW 181ST WAY  
 PEMBROKE PINES FL 33029**

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

**05-0994880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, LORI  
 340 SW 181ST WAY  
 PEMBROKE PINES FL 33029**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD  
 ORTEGA, LORI  
 340 SW 181ST WAY  
 PEMBROKE PINES FL 33029** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Lori Weinstock  
 340 S.W. 181 way  
 Pembroke Pines, Florida 33029** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/01 954.456.2410 x**

Date

Daytime Phone #

**222**

CP2E034 (5/01)

Attachment  
9/7/94/2

FROM CONTRACT TO CLOSING  
340 SW 181 WAY  
PEMBROKE PINES, FLORIDA 33029  
954-435-4958

August 16, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Document # P00000033197 - From Contract to Closing, Inc.

To whom it may concern:

I would like to ask you for special consideration with regard to the late fee for the uniform business report.

The first report that I received by mail was the one with the late notice and since this is my first year as a business owner, I was unaware of this requirement. I am enclosing the \$150.00 fee for renewal and I ask you to waive the late fee based on the fact that I did not receive the first report as well as the fact that my business is struggling and I can ill afford such a large late fee.

I thank you in advance for any consideration that you can offer me in this matter.

Very truly yours,



Lori Weinstock