

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101694

1. Entity Name

TRANSITION TITLE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90026 009 ***150.00

Principal Place of Business

Mailing Address

9900 STIRLING ROAD
SUITE 202
COOPER CITY FL 33024

9900 STIRLING ROAD
SUITE 202
COOPER CITY FL 33024-8065

00043004



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9900 Stirling Rd
Suite, Apt. #, etc.
245

3. Mailing Address
SAME

City & State
Cooper City, FL
Zip
33024

County
Broward
Zip
USA

4. FFL Number
05-0880628

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

WEINREB, DVORA
9900 STIRLING ROAD
SUITE 230
COOPER CITY FL 33024

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
DVORA WEINREB, P.V.P., D
9900 Stirling Rd, Ste 245
Cooper City, FL 33024

TITLE
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☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DVORA WEINREB

2/17/00 (951) 444-1444

Date

Daytime Phone #

CR2E034 (9/99)