2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # P98000101694** 1. Entity Name TRANSITION TITLE, INC. 01-26-2001 90160 012 ***150.00 Principal Place of Business Mailing Address 9900 STIRLING ROAD 9900 STIRLING ROAD SUITE 245 SUITE 245 COOPER CITY, FL 33024 COOPER CITY FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0880628 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINREB, DVORA Street Address (P.O. Box Number is Not Acceptable) 9900 STIRLING ROAD SUITE 230 COOPER CITY FL 33024 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition **PVPD** Change TITLE ☐ Delete TITLE NAME WEINREB, DVORA NAME STREET ADDRESS 9900 STIRLING RD STE 245 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33024 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME 나면 밥 달리를 들는다른 기회를 들는 건강하는 이 사내는 기술이 5명 25만 그것으로 보니다. 나도 기회 다 STREET ADDRESS STREET ADDRESS? CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of supplemental report is true and accurate and that my sign ature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR