

DOCUMENT # P98000101694

1. Entity Name

TRANSITION TITLE, INC.

Principal Place of Business

9900 STIRLING ROAD
SUITE 245
COOPER CITY, FL 33024

Mailing Address

9900 STIRLING ROAD
SUITE 245
COOPER CITY FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

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

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required

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, 2001 Fee will be \$550.00
Make Check Payable to Department of Sta

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVPD
WEINREB, DVORA
9900 STIRLING RD STE 245
COOPER CITY FL 33024

☐ Delete

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the s of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 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

WEINREB, DVORA

[illegible]

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)