

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101694

1. Entity Name
TRANSITION TITLE, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90090 043 ***150.00

0155162 AV

Principal Place of Business
9900 STIRLING ROAD
SUITE 245
COOPER CITY FL 33024

Mailing Address
9900 STIRLING ROAD
SUITE 245
COOPER CITY FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9900 Stirling Rd
Suite, Apt. #, etc.
304

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Cooper City, FL

City & State

4. FEI Number 65-0880628 Applied For
Not Applicable

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

Zip 33024 Country USA

Zip Country

6. Name and Address of Current Registered Agent
WEINREB, DVORA
9900 STIRLING ROAD
SUITE 230 304
COOPER CITY FL 33024

7. Name and Address of New Registered Agent
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 *Dvora Weinreb* DATE 1/8/02
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PVPD WEINREB, DVORA 9900 STIRLING RD STE 245 COOPER CITY FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dvora Weinreb* DATE 1/8/02 9:54
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 441-7144
Daytime Phone #

CR2E034 (9/01)