

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90054 005 ***150.00

DOCUMENT # P98000101694

1. Entity Name
TRANSITION TITLE, INC.



Principal Place of Business
**9900 STIRLING ROAD
304
COOPER CITY FL 33024**

Mailing Address
**9900 STIRLING ROAD
SUITE 245
COOPER CITY FL 33024**

60007997



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
9900 Stirling Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 304

City & State

City & State
Cooper City FL

Zip

Country

Zip
33024

Country

4. FEI Number **65-0880628**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **DVORA WEINREB**

Street Address (P.O. Box Number is Not Acceptable)
9900 Stirling Rd, Ste 304

City **Cooper City**

FL

Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DVORA WEINREB**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVPD WEINREB, DVORA**
STREET ADDRESS **9900 STIRLING RD STE 245**
CITY-ST-ZIP **COOPER CITY FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PVPD WEINREB, DVORA**
STREET ADDRESS **9900 Stirling Rd, Ste 304**
CITY-ST-ZIP **Cooper City, FL 33024**

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

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

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DVORA WEINREB

1/15/03

954-441-7144

Date

Daytime Phone #