

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90130 002 \*\*\*150.00

**DOCUMENT # P40293**

1. Entity Name  
~~UNIVERSAL HEIGHTS, INC.~~ *Name Change*  
**Universal Insurance Holdings, Inc.**

*Nic 1/2/01 HAM*

Principal Place of Business      Mailing Address

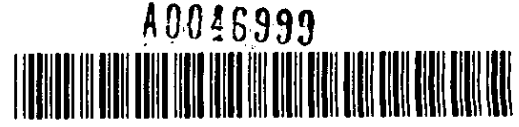
2875 NE 191STST      2875 NE 191STST  
 STE 300      STE 300  
 MIAMI FL 33180      MIAMI FL 33180  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0231984**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEIER, BRADLEY I.	
STREET ADDRESS	2875 NE 191ST ST STE <del>400</del> 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOGOFF, REED J.	
STREET ADDRESS	2875 NE 191ST ST STE <del>400</del> 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIER, NORMAN M	
STREET ADDRESS	2875 NE 191ST ST STE <del>400</del> 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENTZ, JOEL M.	
STREET ADDRESS	2875 NE 191ST ST STE <del>400</del> 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLNER, IRWIN L.	
STREET ADDRESS	2875 NE 191ST ST STE <del>400</del> 300	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **BRADLEY I MEIER**      Date: **4/5/01**      Daytime Phone #: **(305) 792-4200**

CR2E034 (10/00)