2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P97000022506** May 02, 2000 8:00 am UNIVERSAL INSURANCE HOLDING COMPANY Secretary of State 05-02-2000 90101 035 ***150.00 Mailing Address Principal Place of Business 2875 N.E. 191ST ST., #400-A 2875 N.E. 191ST ST., #400-A MIAMI FL 33180-2804 MIAMI FL 33180 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 30<u>0</u> STE STE 300 Applied For City & State 4. FEI Number City & State 65-0231984 Not Applicable Zip Ζίρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32399 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Change ☐ Addition Delete TITLE MEIER, BRADLEY I NAME NAME STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST ST., #400-A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** Addition Change TITLE □ Delete SLOGOFF, REED J NAME NAME 2875 N.E. 191ST ST., #400-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** Change ☐ Addition ☐ Delete TITLE TITLE WILENTZ, JOEL M NAME NAME STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST ST., #400-A CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33180 ☐ Addition Change ☐ Delete TITLE TITLE KELLNER, IRWIN L NAME NAME STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST ST., #400-A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** TITLE ☐ Change ☐ Addition ☐ Delete TITLE MEIER, NORMAN M NAME NAME 2875 N.E. 191ST ST., #400-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** ☐ Change Addition TITLE TITLE ☐ Delete DE ALESSANDRO, JOSEPH P NAME NAME STREET ADDRESS STREET ADURESS 2875 N.E. 191ST ST., #400-A CITY-ST-ZIP CITI: ST-ZIP MIAMI FL 33180 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