

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0228600

DOCUMENT # P97000094797

1. Entity Name

UNIVERSAL PROPERTY & CASUALTY INSURANCE COMPANY

04-09-2001 90031 041 ***150.00

Principal Place of Business 2875 NE 191 ST., #300 STE 300 MIAMI FL 33180	Mailing Address 2875 NE 191 ST., #300 STE 300 MIAMI FL 33180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0231984	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLHASSEE FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD MEIER, BRADLEY I 2875 NE 191 ST., #300 MIAMI FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P. PRESIDENT JAMES M. LYCKH 2875 NE 191 ST., #300 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SLOGOFF, REED J 2875 NE 191 ST., #300 MIAMI FL 33180	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 D WILENTZ, JOEL M 2875 NE 191 ST., #300 MIAMI FL 33180	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 D KELLNER, IRWIN L 2875 NE 191 ST., #300 MIAMI FL 33180	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 D MEIER, NORMAN M 2875 NE 191 ST., #300 MIAMI FL 33180	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 D DE ALESSANDRO, JOSEPH P 2875 NE 191 ST., #300 MIAMI FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **JAMES M. LYCKH** 4/5/01 (305) 912-4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BRADLEY I MEIER** Date Daytime Phone #

CR2E034 (10/00)