

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90214 032 \*\*\*150.00

UBR193 AV

**DOCUMENT # P98000059212**

1. Entity Name  
**UNIVERSAL FLORIDA INSURANCE AGENCY, INC.**

Principal Place of Business <b>2875 NE 191ST ST          STE 300          MIAMI FL 33180</b>	Mailing Address <b>2875 NE 191ST ST          STE 300          MIAMI FL 33180</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number **65-0847905**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, TRAVIS L  
 106 E COLLEGE AVE, SUITE 1200  
 TALLAHASSEE FL 32301**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>D MEIER, BRADLEY I</b>		NAME	
STREET ADDRESS: <b>2875 NE 191 ST #300</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL 33180</b>		CITY-ST-ZIP	
NAME: <b>D MEIER, NORMAN M</b>		NAME	
STREET ADDRESS: <b>19355 NE 36TH CT</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL 33180</b>		CITY-ST-ZIP	
NAME: <b>D SLOGOFF, REED J</b>		NAME	
STREET ADDRESS: <b>233 SOUTH 6TH ST APT 812-II</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>PHILADELPHIA PA 19106</b>		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 employees.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

Date

Daytime Phone #

*4/16/02*

CR2E034 (9/01)