

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249568

Entity Name: U. S. INSURORS, INC.**Current Principal Place of Business:**700 N.W. 107TH AVENUE
SUITE 400
MIAMI, FL 33172**Current Mailing Address:**700 N.W. 107TH AVENUE
SUITE 400
MIAMI, FL 33172 US**FEI Number:** 59-0970313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MILLER, STUART A
Address	700 N.W. 107TH AVENUE SUITE 400
City-State-Zip:	MIAMI FL 33172

Title	V
Name	PETROLINO, MICHAEL
Address	700 N.W. 107TH AVENUE SUITE 400
City-State-Zip:	MIAMI FL 33172

Title	D
Name	GROSS, BRUCE
Address	700 N.W. 107TH AVENUE SUITE 400
City-State-Zip:	MIAMI FL 33172

Title	D
Name	BESSETTE, DIANE
Address	700 N.W. 107TH AVENUE SUITE 400
City-State-Zip:	MIAMI FL 33172

Title	AS
Name	MAYER, JOAN
Address	25 ENTERPRISE
City-State-Zip:	ALISO VIEJO CA 92656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN MAYER**SECRETARY****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date