

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000088871

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC9463206322**

**Entity Name:** UNIVERSAL LIFE INSURANCE (FL) COMPANY

**Current Principal Place of Business:**

804 SOUTH DOUGLAS ROAD  
SUITE 365  
CORAL GABLES, FL 33134

**Current Mailing Address:**

804 SOUTH DOUGLAS ROAD  
SUITE 365  
CORAL GABLES, FL 33134 US

**FEI Number:** 66-0502334

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
804 SOUTH DOUGLAS ROAD  
SUITE 365  
CORAL GABLES, FL 33134 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            PRESIDENT  
Name            BENITEZ, JOSE  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN 00919

Title            D  
Name            AMADEO-LOPEZ, JORGE J  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN 00919

Title            D  
Name            RODRIGUEZ, RAFAEL  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN PR 00919

Title            DIRECTOR  
Name            FABERY, WALDEMAR  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919

Title            DIRECTOR AND SECRETARY  
Name            VEGA, JOSELY  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919

Title            DIRECTOR  
Name            MEDINA, JOSE  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919

Title            TEASIRER  
Name            JIMENEZ, MARITERE  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919

Title            DIRECTOR  
Name            MIRANDA, MONIQUE  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919

**Continues on page 2**

*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:** JOSELY VEGA

**SECRETARY**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ANDREU, JOSE  
Address        PO BOX 71338  
City-State-Zip: SAN JUAN OC 00919