## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137616

Entity Name: UNIVERSAL INSURANCE MANAGERS, INC.

**Current Principal Place of Business:** 

101 PARAMOUNT DR. SUITE 220

SARASOTA, FL 34232

**Current Mailing Address:** 

101 PARAMOUNT DR.

SUITE 220

SARASOTA, FL 34232 US

FEI Number: 42-1610421 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.

115 NORTH CALHOUN ST.

SUITE 4

Address

City-State-Zip:

TALLAHASSEE, FL 32301 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

**FILED** Apr 17, 2017

**Secretary of State** 

CC2582936655

Officer/Director Detail:

Title CEO/PRESIDENT OF THE Title SECRETARY, DIRECTOR

> BOARD/DIRECTOR Name VEGA, JOSELY

MERLE, MONIQUE MIRANDA Name 101 PARAMOUNT DR. Address

101 PARAMOUNT DR. SUITE 220

SUITE 220

SARASOTA FL 34232

City-State-Zip: SARASOTA FL 34232

Title SENIOR VICE PRESIDENT Title VΡ

Name MOORE, KATHERINE Name WATJE, JAMES R

Address 101 PARAMOUNT DR. Address 101 PARAMOUNT DR. SUITE 220

SUITE 220

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title DIRECTOR Title PRESIDENT

AMADEO, JORGE Name Name BARRALES, MIGUEL

101 PARAMOUNT DR. Address Address

101 PARAMOUNT DR. SUITE 220 SUITE 220

City-State-Zip: SARASOTA FL 34232 SARASOTA FL 34232 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name FABERY-VILLASPESA, WALDEMAR MEDINA, JOSE Name

Address 101 PARAMOUNT DR. Address 101 PARAMOUNT DR.

SUITE 220

SUITE 220 SARASOTA FL 34232 City-State-Zip:

Continues on page 2

City-State-Zip:

SARASOTA FL 34232

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.

04/17/2017 SIGNATURE: JOSELY VEGA SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title CFO Title VP

Name MARTINEZ, ROBERTO Name CARDONA, GADIEL

Address 101 PARAMOUNT DRIVE Address 101 PARAMOUNT DRIVE

SUITE 220 SUITE 220

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title VP Title VP

NameHOPKINS, GRETCHENNameURRA, RICHARD JOHNAddress101 PARAMOUNT DRIVEAddress101 PARAMOUNT DRIVE

SUITE 220 SUITE 220

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title VP Title DIRECTOR

Name MIRANDA, OSVALDO Name GUTIERREZ AJA, AGUSTIN

Address 101 PARAMOUNT DRIVE Address 101 PARAMOUNT DRIVE

SUITE 220 SUITE 220

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232