

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067181

FILED
Apr 28, 2016
Secretary of State
CC7680398111

Entity Name: UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA

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: 20-1041714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32314-6200 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 CHAIRPERSON OF THE BOARD,
DIRECTOR, CEO, PRESIDENT OF THE
BOARD
Name MIRANDA MERLE, MONIQUE
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title SECRETARY, DIRECTOR
Name VEGA, JOSELY
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT
Name BARRALES, MIGUEL ANGEL
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title VP
Name WATJE, JAMES R
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title SENIOR VP
Name MOORE, KATHERINE
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name KEVANE, DONALD
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name FABERY-VILLASPESA, WALDEMAR
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name MEDINA, JOSE
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

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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

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name AMADEO, JORGE
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title VP
Name HOPKINS, GRETCHEN
Address 101 PARAMOUNT DRIVE
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name KEVANE, DONALD
Address 101 PARAMOUNT DRIVE
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title VP
Name URRRA, RICHARD JOHN
Address 101 PARAMOUNT DRIVE
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title TREASURER
Name MARTINEZ, ROBERTO
Address 101 PARAMOUNT DRIVE
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title VP
Name CARDONA, GADIEL
Address 101 PARAMOUNT DRIVE
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name GUTIERREZ AJA, AGUSTIN
Address 101 PARAMOUNT DR
SUITE 220
City-State-Zip: SARASOTA FL 34232

Title VP
Name MIRANDA, OSVALDO
Address 101 PARAMOUNT DRIVE
SUITE 101
City-State-Zip: SARASOTA FL 34232