

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000067181

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC1084893431**

**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**

**04/17/2017**

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