## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000055394

**Entity Name: UNIVISION INSURANCE CORP** 

**Current Principal Place of Business:** 

12678 SW 8TH STREET MIAMI, FL 33184

**Current Mailing Address:** 

12678 SW 8TH STREET MIAMI, FL 33184 US

FEI Number: 47-3972696 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRASCO, BORIS 12678 SW 8TH STREET MIAMI, FL 33184 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 Mar 10, 2016

**Secretary of State** 

CC4068343014

Officer/Director Detail:

Title P Title

NameORRET, ONIX TAMARANameCARRASCO, BORISAddress12678 SW 8TH STREETAddress12678 SW 8TH STREET

City-State-Zip: MIAMI FL 33184 City-State-Zip: MIAMI FL 33184

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: BORIS CARRASCO

**PRESIDENT** 

03/10/2016

Date