

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002360

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**184602722CC**

**Entity Name:** UNIVERSAL INSURANCE COMPANY

**Current Principal Place of Business:**

101 ARTHUR ANDERSON PKWY., STE #220  
SARASOTA, FL 34232

**Current Mailing Address:**

101 ARTHUR ANDERSON PKWY., STE#220  
SARASOTA, FL 34232

**FEI Number:** 66-0313825

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER-SERVICE OF PROCESS SECTION  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399-0000 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:** CHIEF FINANCIAL OFFICER

01/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MIRANDA-MERLE, MONIQUE  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name VEGA, JOSELY J  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title D  
Name RODRIGUEZ, RAFAEL  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name AMADEO-LOPEZ, JORGE J.  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name AMADEO-PEREZ, JORGE  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name FABERY, WALDEMAR  
Address 101 ARTHUR ANDERSON PKWY., STE #220  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name MEDINA, JOSE  
Address 101 PARAMOUNT DRIVE SUITE 220  
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.*

**SIGNATURE:** JOSELY VEGA

**DIRECTOR**

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date