

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90398 033 \*\*\*150.00

**DOCUMENT # 333276**

1. Entity Name  
**UNDERWRITERS FINANCIAL OF FLORIDA, INC.**

Principal Place of Business

**8300 W FLAGLER ST #250  
P O BOX 522367 G M F  
MIAMI FL 33144**

Mailing Address

**8300 W FLAGLER ST #250  
P O BOX 522367 G M F  
MIAMI FL 33144**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1281783**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RICCIARDELLI, JOHN L  
8300 W FLAGLER ST #250  
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **RICCIARDELLI, JOHN L**  
STREET ADDRESS **11420 N BAYSHORE DR N**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **BORGES, DENISE**  
STREET ADDRESS **6524 S W 24TH STREET**  
CITY-ST-ZIP **MIRAMAR FL**

TITLE **D** ☐ Delete  
NAME **RICCIARDELLI, DEBBIE**  
STREET ADDRESS **11420 N BAYSHORE DR N**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **RICCIARDELLI, RIKKI**  
STREET ADDRESS **11420 N. BAYSHORE DR. N.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **GALIANO, THOMAS**  
STREET ADDRESS **8008 SW 151ST AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **8300 WEST FLAGLER ST. SUITE 250**  
CITY-ST-ZIP **MIAMI, FLORIDA 33144**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **8300 WEST FLAGLER ST. SUITE 250**  
CITY-ST-ZIP **MIAMI, FLORIDA 33144**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **8300 WEST FLAGLER ST. SUITE 250**  
CITY-ST-ZIP **MIAMI, FLORIDA 33144**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **8300 WEST FLAGLER ST. SUITE 250**  
CITY-ST-ZIP **MIAMI, FLORIDA 33144**

TITLE **SAME** ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **14352 S.W. 158th ST.**  
CITY-ST-ZIP **MIAMI, FL. 33177**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/8/02 305-226-0000**

CR2E034 (9/01)