

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90069 029 ***150.00

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AV

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
7000 ISLAND BOULEVARD

3. Mailing Address
7000 ISLAND BOULEVARD

Suite, Apt. #, etc.
#604

Suite, Apt. #, etc.
#604

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

4. FEI Number
59-1281783

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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
RICCIARDELLI, DEBBIE W.
Street Address (P.O. Box Number is Not Acceptable)
7000 ISLAND BOULEVARD
#604
City
AVENTURA FL Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE
3/24/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Delete
NAME
RICCIARDELLI, JOHN L
STREET ADDRESS
8300 WEST FLAGLER STREET, SUITE 250
CITY-ST-ZIP
MIAMI FL 33144

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

TITLE
D ☒ Delete
NAME
BORGES, DENISE
STREET ADDRESS
8300 WEST FLAGLER STREET, SUITE 250
CITY-ST-ZIP
MIAMI FL 33144

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

TITLE
D ☐ Delete
NAME
RICCIARDELLI, DEBBIE
STREET ADDRESS
8300 WEST FLAGLER STREET, SUITE 250
CITY-ST-ZIP
MIAMI FL 33144

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

TITLE
D ☒ Delete
NAME
RICCIARDELLI, RIKKI
STREET ADDRESS
8300 WEST FLAGLER STREET, SUITE 250
CITY-ST-ZIP
MIAMI FL 33144

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

TITLE
D ☒ Delete
NAME
GALIANO, THOMAS
STREET ADDRESS
14352 SW 158TH STREET
CITY-ST-ZIP
MIAMI FL 33177

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

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/24/03 305 692-3763
Daytime Phone #

CR2E034 (10/02)