

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

3195 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FLORIDA 33134

TEL: (305) 445-0014 FAX: (305) 445-6872

LAW OFFICE OF D CARLOS A. ROMERO, JR., P.A.

> CARLOS A. ROMERO, JR. ADMITTED: FLORIDA, ILLINOIS, PUERTO RICO

MYRNA E. ROURE Admitted: Florida ROBERT G. POST, P.A.

ROBERT G. POST ADMITTED: FLORIDA, NEW YORK

May 1, 2002

Florida Department of State Registration Section Division of Corporation Post Office Box 6327 Tallahassee, FL 3231

800005452068--1 -05/06/02--01011--021 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

#### RE: UNIVERSAL INSURANCE CO. - CERTIFICATE OF AUTHORITY (FL)

Dear Gentlemen:

I enclose the Transmittal Letter and Application by Foreign Corporation for Authorization To Transact Business In Florida to register Universal Insurance Company to transact insurance business in Florida. I also enclose a check in the amount of \$87.50 payable to the Florida Department of State in payment of the filing fee, certificate of status, and a certified copy of the registration.

Sincerely yours,

POST & ROMER

Myrna Roure For the Firm

OF STATE, FLORI

-6 M 9:2

MR/ck

Encl. - ck no. 20796

- Transmittal Letter

- Application

cc: Cecilia Cruz (w/o encl.)
UniversalIns/COA/LtrFlDeptSt050102a

Jul V

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 IINTVE	ERSAL INSURANCE COMPAN	· ·		
(Name of corp words or abbre	oration; must include the word	"INCORPORATED", age as will clearly inc	"COMPANY", "CORPORATION instead that it is a corporation instead on the corporation in	DN" or ead of a
•	,	oo m mo mino at pros	out,	
2. PUERTO RI	r <b>c</b> o	3.	66-031-3825	
	ry under the law of which it is it		(FEI number, if appl	licable)
4. <u>APRIL</u> 14,	. 1970	5. PERPETU	/AL	
(Da	ate of incorporation)		n: Year corp. will cease to exist	or "perpetual")
6. <u>UPON QUAI</u>	JIFICATION			·
(Date first trans	acted business in Florida. If co (SEE SECT	rporation has not tran IONS 607.1501, 607.	sacted business in Florida, insert 1502 and 817.155, F.S.)	"upon qualification.")
7. a. METRO OF	FICE PARK, MARGINAL K	ENNEDY, CAPARRA	HEIGHTS, GUAYNABO, PR	00921
·	(Prin	cipal office address)		
<b>b. G.P.O.</b> B	OX 71338, SAN JUAN, P		36	
	(Curr	rent mailing address)		
	•			
			RIZED IN P.R. and F	
(Furpose	(s) of corporation authorized in	home state or country	y to be carried out in state of Flor	rida)
9. Name and <u>str</u>	<u>reet address</u> of Florida regis	stered agent: (P.O.	Box or Mail Drop Box NOT	acceptable)
Name:	CARLOS A. ROMERO, JI	₹.		02 SE TAL
Office Address:	3195 PONCE DE LEON I	BOULEVARD, S-40	0	ECRET.
	CORAL GABLES		, Florida 33134	2名 1 =
		•	(Zip code)	FE, FL
10. Registered a	gent's acceptance:			) STA LOR
n this application comply with the pi	, I hereby accept the appointm rovisions of all statutes relative	ent as registered ager to the proper and co	ss for the above stated corporati it and agree to act in this capaci mplete performance of my dutie.	DA 28 its I further agree to
ina accept the obl	ligations of my position as regis	, 9.		
	Cal A Former	1.		
	(Reg	stered agent's signatu	re)	

<sup>11.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

### 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman:	LUIS MIRANDA CASAÑAS		
Address: _	G.P.O. BOX 71338		
	SAN JUAN, PR 00936		`
Vice Chair	man:		
Address: _			
_		,	-
Director: _	ANTONIO J. ORTIZ	·	
Address: _	G.P.O. BOX 71338		
-	SAN JUAN, PR 00936		
Director: _	JORGE J. AMADEO		
Address: _	P.O. BOX 193900	· · · · · ·	
	SAN JUAN, PR 00919-3900		02 SEC
B. OFFIC	CERS		AHT T
President: _	ANTONIO J. ORTIZ		ARY -6
Address:	G.P.O. BOX 71338		FS & D
	SAN JUAN, PR 00936		9: 2 ORID
Vice Preside	ent:LUIS BERRIOS		>''' Ø
Address: _	G.P.O. BOX 71338		
	SAN JUAN, PR 00936		
Secretary: _	CECILIA CRUZ GONZALEZ		
Address:	G.P.O. BOX 71338		
	SAN JUAN, PR 00936	-	
Treasurer: _	JORGE L. PADILLA	'.	
Address:	G.P.O. BOX 71338		
	SAN JUAN, PR 00936		
NOTE: If:	necessary, you may attach an addendum to t	the application listing additional officers a	and/or directors.
3.	Marchelas		
	(Signature of Chairman, Vice Chairma	n, or any officer listed in number 12 of the	e application)
4. <u>LUI</u>	S MIRANDA CASAÑAS, CHAIRMAN		
	(1 yped or printed nar	me and capacity of person signing applica	tion)

#### UNIVERSAL INSURANCE COMPANY

A. DIRECTORS
Director: RAFAEL RODRIGUEZ
Address: P.O. BOX 193900
SAN JUAN, PR 00919-3900
Director: PEDRO A. GALARZA
Address: P.O. BOX 71338
SAN JUAN, PR 00936
Director: PLINIO PEREZ MARRERO
Address: BANCO COOPERATIVO PLAZA, FLOOR 9, TOWER A.
623 PONCE DE LEON, SAN JUAN, PR 00917
B. OFFICERS ¬¬¬ ≥ ≥
Assistant Secretary: RAFAEL RODRÍGUEZ
Address: P.O. BOX 193900
SAN JUAN, PR 00919-3900 ☐S
Marketing Vice President: EDGAR HERNÁNDEZ
Address: G.P.O. BOX 71338
SAN JUAN, PR 00936
MIS Vice President: David Salas
Address: G.P.O. BOX 71338
SAN JUAN, PR 00936
Finance Vice President: JORGE L. PADILLA
Address: G.P.O. BOX 71338
Address: G.P.O. BOX 71338

SAN JUAN, PR 00936



#### Commonwealth of Puerto Rico

## Office of the Commissioner of Insurance

This is to certify that Universal Insurance Company has been duly authorized by this Office to transact in Puerto Rico, as an insurer, insurance business as follows:

#### **Lines of Insurance**

**Period** 

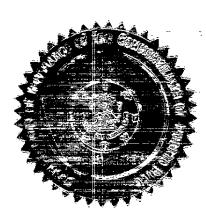
Property, Marine and Transportation, Vehicle, Casualty, Surety and Title

September 16, 1970 to the present

Disability

August 25, 1998 to the present

In witness whereof, I hereunto subscribe my name and affix my official seal at San Juan, Puerto Rico, this 1/2 day of March, 2002.



Fermín M. Contreras Gómez Commissioner of Insurance