2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002360

1. Entity Name
UNIVERSAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
METRO OFFICE PARK STREET 1 LOT 10 GUAYNABO, PR 00969	G.P.O. BOX 71338 SAN JUAN, PR 00936

DO NOT WRITE IN THIS SPACE

03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
66-0313825
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO, CARLOS A JR
3195 PONCE DE LEON BLVD. S-400
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CASANAS, LUIS MARANDA
STREET ADDRESS	G.P.O.BOX 71338
CITY-ST-ZIP	SAN JUAN, PR 00936
TITLE	DP
NAME	PIMENTEL, LUIS M
STREET ADDRESS	GPO BOX 71338
CITY-ST-ZIP	SAN JUAN, PR 00936
TITLE	D
NAME	AMADEO, JORGE J
STREET ADDRESS	PO BOX 193900
CITY-ST-ZIP	SAN JUAN, PR 009193900
TITLE	VP
NAME	BERRIOS, LUIS
STREET ADDRESS	G.P.O. BOX 71338
CITY-ST-ZIP	SAN JUAN, PR 00936
TITLE	S
NAME	GONZALEZ, CECILIA CRUZ
STREET ADDRESS	G.P.O. BOX 71338
CITY-ST-ZIP	SAN JUAN, PR 00936
TITLE	T
NAME	MARITERE, JIMENEZ
STREET ADDRESS	METRO OFFICE PARK
CITY-ST-ZIP	GUAYNABO, PR 00969

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03/19/04-80011-003 150.00

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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: Maritere Jimenez Maritere Jimenez,VP Controller/Treasurer 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #