


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90162 010 \*\*\*150.00

<b>DOCUMENT # P04000018848</b> 1. Entity Name <b>UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.</b>					
Principal Place of Business <b>787 SEVNTN AVENUE, 49TH FLOOR NEW YORK, NY 10019</b>			Mailing Address <b>787 SEVNTN AVENUE, 49TH FLOOR NEW YORK, NY 10019</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>26 NFP, 500 W. Madison St Suite 2400</b>			
City & State <b>Chicago, IL</b>		4. FEI Number <b>20-0679497</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>60661</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
PD Levine, Ronald 1000 S. Pine Island Road, Sk 430 Plantation, FL 33324			T McGiluray, James 1000 S. Pine Island Road, Sk 430 Plantation, FL 33324		
S McGiluray, Tracey 1000 S. Pine Island Road, Sk 430 Plantation, FL 33324			V Lieser, Lori 500 W. Madison, Sk 2400 Chicago, IL 60661		
V Hinkson, Malika 187 Seventh Ave, 11th Floor New York, NY 10019			D Zuccaro, Robert 187 Seventh Ave, 11th Floor New York, NY 10019		
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.					
<b>SIGNATURE:</b> <u>Lori M. Lieser</u> <b>Lori M. Lieser</b> <b>4-21-05</b> <b>362-985-5100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					