

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018848

FILED
Apr 25, 2006
Secretary of State

Entity Name: UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

787 SEVENTH AVENUE, 49TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

1000 S. PINE ISLAND ROAD
SUITE 430
PLANTATION, FL 33324

Current Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 20-0679497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, RONALD
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: MCGILVRAY, JAMES
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: MCGILVRAY, TRACEY
Address: 1000 S PINE ISLAND RD, STE 430
City-St-Zip: PLANTATION, FL 33324

Title: V () Delete
Name: LIESER, LORI
Address: 500 W MADISON, STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: V () Delete
Name: HINKSON, MALIKA
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

VP

04/25/2006

Electronic Signature of Signing Officer or Director

Date