

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90245 001 \*\*\*317.50

**DOCUMENT # P04000067181**

1. Entity Name  
**UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA**



Principal Place of Business  
**101 ARTHUR ANDERSEN PARKWAY SUITE 220  
SARASOTA, FL 34232**

Mailing Address  
**101 ARTHUR ANDERSEN PARKWAY SUITE 220  
SARASOTA, FL 34232**

**66011240**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-1041714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
DIVISION OF INSURER SERVICES  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32314**

## 7. Name and Address of New Registered Agent

Name  
**Espino, Ricardo A.**

Street Address (P.O. Box Number is Not Acceptable)

**101 Arthur Andersen Pkwy, Ste. 220**

City

**Sarasota**

FL

Zip Code

**34232**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Ricardo A. Espino**

**4-18-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CD  
.CASANAS, LUIS M  
CALLE 1, LOTE 10 METRO OFFICE PARK  
GUAYANABO, PR 00969,**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DT  
PADILLA, JORGE L  
CALLE 1, LOTE 10 METRO OFFICE PARK  
GUAYANABO, PR 00969,**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DS  
CRUZ, CECILIA  
CALLE 1, LOTE 10 METRO OFFICE PARK  
GUAYANABO, PR 00969,**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MIRANDA, MONIQUE  
CALLE 1, LOTE 10 METRO OFFICE PARK  
GUAYNABO, PR 00969**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
MONGA, LUIS B  
CALLE 1, LOTEIO METRO OFFICE PARK  
GUAYNABO, PR 00969**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**Ricardo A. Espino 4-18-06**

Date

Daytime Phone #