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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000004771 (1)

1. Corporation Name

UNITED AUTOMOBILE UNDERWRITERS, INC.

Principal Place of Business

20803 BISCAYNE BLVD  
STE 401  
MIAMI FL 33180  
US

Mailing Address

20803 BISCAYNE BLVD  
STE 401  
MIAMI FL 33180-1429  
US

3. Date Incorporated or Qualified  
11/16/1992

3a. Date of Last Report  
02/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
65-0375015

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARRILLO, RICHARD  
20803 BISCAYNE BLVD  
# 400  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of a principal officer, director, or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PARRILLO, RICHARD	
STREET ADDRESS	3640 YATCH CLUB DRIVE, #808	
CITY-ST-ZIP	AVENTURA FL	
TITLE	STD	DELETE
NAME	RIVARD, JEAN-GUY	
STREET ADDRESS	2900 NW 10TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	DELETE
NAME	PARRILLO, MICHAEL	
STREET ADDRESS	2910 OAKBROOK HILLS ROAD	
CITY-ST-ZIP	OAKBROOK IL	
TITLE	D	DELETE
NAME	MCCARTHY, BARBARA	
STREET ADDRESS	19 WEST 249 GLOUCESTER WAY	
CITY-ST-ZIP	OAKBROOK IL	
TITLE	D	DELETE
NAME	PARRILLO, BEAU	
STREET ADDRESS	3300 N.E. 192ND STREET, LPH18	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARRILLO, RICHARD PETER JR.	
1.3 STREET ADDRESS	20803 Biscayne Boulevard, #400	
1.4 CITY-ST-ZIP	Aventura, FL 33180	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIVARD, JEAN-GUY	
2.3 STREET ADDRESS	20803 Biscayne Boulevard, Suite #400	
2.4 CITY-ST-ZIP	Aventura, FL 33180	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARRILLO, MICHAEL ROBERT	
3.3 STREET ADDRESS	20803 Biscayne Boulevard, #400	
3.4 CITY-ST-ZIP	Aventura, FL 33180	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jean Guy Rivard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-97

Date

305-948-7832

Daytime Phone #

0244767

CR2E034 (9/96)