

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 039 ***150.00

DOCUMENT # P94000080438

1. Entity Name
UNIVERSE INSURANCE AGENCY, INC.



40001730

Principal Place of Business

**1563 NW 27 AVE
MIAMI, FL 33125**

Mailing Address

**1563 NW 27 AVE
MIAMI, FL 33125**

2. Principal Place of Business - No P.O. Box #

1563 NW 27 AVE

Suite, Apt. #, etc.

3. Mailing Address

1563 NW 27 AVE

Suite, Apt. #, etc.



01052007

Chg-P

CR2E034 (12/06)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0548076

Applied For

Not Applicable

Zip

33125

Country

Dade

Zip

33125

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, KARLA
14011 S.W. 56TH LANE
MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name **Juan Rafael Garcia**

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

15722 SW 138 PL

City **Miami**

FL

Zip Code

33177

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Juan R. Garcia President 01/05/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GARCIA, KARLA**
STREET ADDRESS **15722 SW 138 PL**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **S** ☐ Delete
NAME **GARCIA, RITA**
STREET ADDRESS **15722 SW 138 PL**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **P** ☐ Delete
NAME **GARCIA, JUAN R**
STREET ADDRESS **15722 SW 138 PL**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 305.984.4911