

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90140 009 \*\*\*150.00

**DOCUMENT # P94000080438**



1. Entity Name  
**UNIVERSE INSURANCE AGENCY, INC.**

Principal Place of Business  
**1551 N. W. 27TH AVENUE  
MIAMI FL 33125**

Mailing Address  
**1551 N. W. 27TH AVENUE  
MIAMI FL 33125**



2. Principal Place of Business  
**1563 NW, 27 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1563 NW, 27 AVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

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

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE **P** ☒ Change ☒ Addition  
NAME **Garcia, Juan R**  
STREET ADDRESS **15722 S.W. 138 PL**  
CITY-ST-ZIP **Miami, FL 33125**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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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 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.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/18/03 305-633611**

CR2E034 (10/02)