

2 0 0 1 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90031 033 ***150.00

DOCUMENT # P96000012630

1. Entity Name

UNIVERSAL INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

**247 PARK BLVD
 MIAMI FL 33126**

**247 PARK BLVD
 MIAMI FL 33126-8009**

659469

2. Principal Place of Business

7575 W FLAGLER ST 201

3. Mailing Address

7575 W FLAGLER ST

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0639317**

Applied For
 Not Applicable

Zip **33144**

Country **USA**

Zip **33144**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABALLERO, LIBIA
 8335 NW 8 ST. #4
 MIAMI FL 33126**

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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CABALLERO, LIBAIA 8335 NW 8TH ST. #4 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

PRES.
LIBIA CABALLERO 3-22-01 (303) 7440

CR2E034 (9/99)