

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 015 ***150.00

DOCUMENT # P97000022506

1. Entity Name
UNIVERSAL INSURANCE HOLDING COMPANY OF FLORIDA

Principal Place of Business
2875 N.E. 191ST ST., #400-A
STE 300
MIAMI FL 33180

Mailing Address
2875 N.E. 191ST ST., #400-A
STE 300
MIAMI FL 33180



2. Principal Place of Business
2875 N.E. 191st
Suite, Apt. #, etc.
300

3. Mailing Address
2875 N.E. 191st
Suite, Apt. #, etc.
300

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33180
Country
US

City & State
Miami FL
Zip
33180
Country
US

4. FEI Number **65-0835338**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MEIER, BRADLEY I**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ **Delete**
NAME **SLOGOFF, REED J**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ **Delete**
NAME **WILENTZ, JOEL M**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ **Delete**
NAME **KELLNER, IRWIN L**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ **Delete**
NAME **MEIER, NORMAN M**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

TITLE **D** ☐ **Delete**
NAME **DE ALESSANDRO, JOSEPH P**
STREET ADDRESS **2875 N.E. 191ST ST., #300**
CITY-ST-ZIP **MIAMI FL 33180**

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

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 and empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/16/02

Date

Daytime Phone #

CR2E034 (9/01) A