

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0488664

DOCUMENT # P99000049412

04-09-2001 90036 021 ***150.00

1. Entity Name

UNIVERSAL RISK LIFE ADVISORS, INC.

Principal Place of Business

**1920 EAST HALLANDALE BEACH BLVD.
 SUITE 802
 HALLANDALE FL 33009**

Mailing Address

**1920 EAST HALLANDALE BEACH BLVD.
 SUITE 802
 HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934459

Applied For

Not Applicable

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

**MILLER, TRAVIS
 106 EAST COLLEGE AVENUE
 SUITE 1200
 TALLAHASSEE FL 32301**

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, 2001 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 Delete
 NAME **D MEIER, BRADLEY I**
 STREET ADDRESS ~~10701 E. COUNTRY CLUB DRIVE #5501~~
 CITY-ST-ZIP ~~AVENTURA FL 33180~~

TITLE Change Addition
 NAME **D Meier, Bradley I**
 STREET ADDRESS **2075 NE 191 St #300**
 CITY-ST-ZIP **Miami FL 33180**

TITLE Delete
 NAME **D LYNCH, JAMES M**
 STREET ADDRESS **24 VICTORIAN LANE**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MEIER, NORMAN M**
 STREET ADDRESS **19355 NE 36TH COURT**
 CITY-ST-ZIP **MIAMI FL 33182**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. LYNCH

4/6/01

Date

(305) 792-4700

Daytime Phone #

CR2E034 (10/00)