

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049412
 1. Entity Name
Universal Risk Life Advisors

32696

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2875 NE 191 St</u>		3. Mailing Address <u>2875 NE 191 St</u>	
Suite, Apt. #, etc. <u>Suite 300</u>		Suite, Apt. #, etc. <u>Suite 300</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33180</u>	Country	Zip <u>33180</u>	Country

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4. FEI Number <u>65-0934459</u>	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Miller Travis</u>
Street Address (P.O. Box Number is Not Acceptable) <u>106 East College Avenue</u>
Suite <u>Suite 1200</u>
City <u>Tallahassee</u> FL Zip Code <u>32301</u>

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 reconstituting) DATE _____

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Meier, Bradley I</u> <u>2875 NE 191 St # 300</u> <u>Miami FL 33180</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Lynch James M.</u> <u>24 Victorian Lane</u> <u>Jupiter FL 33458</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Meier, Norman M.</u> <u>19355 NE 36th Court</u> <u>Miami FL 33182</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all the like empowered.

SIGNATURE: [Signature] President 4-17-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)