

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90481 001 ***150.00

DOCUMENT # S56507

1. Entity Name

UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.

Principal Place of Business

**19495 BISCAYNE BLVD
 STE 408
 AVENTURA FL 33180
 US**

Mailing Address

**19495 BISCAYNE BLVD.
 STE 408
 AVENTURA FL 33180-2321
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0264002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEVINE, RONALD
 19495 BISCAYNE BOULEVARD
 STE 408
 AVENTURA FL 33180**

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

Ronald Levine

[Signature]

3/1/2001

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

(NOTE: Registered Agent's signature is 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	P	<input type="checkbox"/> Delete
NAME	LEVINE, RONALD	
STREET ADDRESS	19495 BISCAYNE BLVD STE 408	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVINE, BETH	
STREET ADDRESS	19495 BISCAYNE BLVD 468	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 507, 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

[Signature]

3/1/2001

305 935-126

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #