

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90078 042 ***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
US**



2. Principal Place of Business

1000 S PINE ISLAND RD

Mailing Address

1000 S PINE ISLAND RD

Suite, Apt. #, etc.

430

Suite, Apt. #, etc.

#430

☒ CHECK HERE IF MAKING CHANGES

City & State

PLANTATION

City & State

PLANTATION

4. FEI Number

65-0264002

Applied For

Not Applicable

Zip

33324

County

FL

Zip

33324

County

FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **RONALD LEVINE**
Street Address (P.O. Box Number is Not Acceptable) **1000 S PINE ISLAND RD**
ST 430
City **PLANTATION** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent;

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEVINE, RONALD**
STREET ADDRESS **19495 BISCAYNE BLVD STE 408**
CITY-ST-ZIP **AVENTURA FL**

TITLE **VP** ☐ Delete
NAME **LEVINE, BETH**
STREET ADDRESS **19495 BISCAYNE BLVD 468**
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **RONALD LEVINE**
STREET ADDRESS **1000 S PINE ISLAND RD**
CITY-ST-ZIP **ST 430 PLANTATION FL 33324**

TITLE ☐ Change ☒ Addition
NAME **BETH LEVINE**
STREET ADDRESS **1000 S PINE ISLAND RD**
CITY-ST-ZIP **PLANTATION FL 33324**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RONALD LEVINE** 3/3/03 954 6700888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)