2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088871

Entity Name: UNIVERSAL LIFE INSURANCE (FL) COMPANY

FILED
Jan 12, 2018
Secretary of State
CC9463206322

Current Principal Place of Business:

804 SOUTH DOUGLAS ROAD SUITE 365 CORAL GABLES, FL 33134

Current Mailing Address:

804 SOUTH DOUGLAS ROAD SUITE 365 CORAL GABLES, FL 33134 US

FEI Number: 66-0502334 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A. 804 SOUTH DOUGLAS ROAD SUITE 365 CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title D

Name BENITEZ, JOSE Name AMADEO-LOPEZ, JORGE J

Address PO BOX 71338 Address PO BOX 71338

City-State-Zip: SAN JUAN 00919 City-State-Zip: SAN JUAN 00919

Title D Title DIRECTOR

Name RODRIGUEZ, RAFAEL Name FABERY, WALDEMAR

Address PO BOX 71338 Address PO BOX 71338

City-State-Zip: SAN JUAN PR 00919 City-State-Zip: SAN JUAN OC 00919

TitleDIRECTOR AND SECRETARYTitleDIRECTORNameVEGA, JOSELYNameMEDINA, JOSEAddressPO BOX 71338AddressPO BOX 71338

City-State-Zip: SAN JUAN OC 00919 City-State-Zip: SAN JUAN OC 00919

Title TEASIRER Title DIRECTOR

Name JIMENEZ, MARITERE Name MIRANDA, MONIQUE

Address PO BOX 71338 Address PO BOX 71338

City-State-Zip: SAN JUAN OC 00919 City-State-Zip: SAN JUAN OC 00919

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SIGNATURE: JOSELY VEGA SECRETARY 01/12/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Officer/Director Detail Continued:

Title DIRECTOR

Name ANDREU, JOSE

Address PO BOX 71338

City-State-Zip: SAN JUAN OC 00919