I hereby certify that the information indicated on this report or supplemental report is true and accord oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe above, or on an attachment with all other like empowered.		
SIGNATURE: HERRERA, IVAN	CEO	03/18/2019

Name and Address of Current Registered Agent:

CARRERA & AMADOR, P.A 221 SW 42ND AVE 3RD FLOOR MIAMI, 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	CARRERA, JUAN M			03/18/2019
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	Р	Title	VP	
Name	HERRERA, IVAN	Name	CASTRO, LUIS	
Address	528 NW 7TH AVE	Address	528 NW 7TH AVE	
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136	

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000029056

Entity Name: UNIVISTA CAPTIVE INSURANCE CORP

### **Current Principal Place of Business:**

528 NW 7TH AVE MIAMI, FL 33136

#### **Current Mailing Address:**

528 NW 7TH AVE MIAMI, FL 33136 US

### FEI Number: 47-4217085

# Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 18, 2019 Secretary of State 5388077282CC