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.

CEO

SIGNATURE: NIRIO RUBIERA

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Unicendirector Detail.			
Title	CEO	Title	COO
Name	RUBIERA, NIRIO J	Name	RUBIERA, WALTER A
Address	ONE SOUTH EAST THIRD AVENUE	Address	ONE SOUTH EAST THIRD AVENUE
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000074842

Entity Name: WMW INSURANCE, INC.

Current Principal Place of Business:

ONE SOUTH EAST THIRD AVENUE MIAMI, FL 33131

Current Mailing Address:

ONE SE THIRD AVE 2400 MIAMI, FL 33131

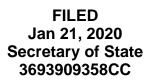
FEI Number: 65-0777672

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HASNER, MARK ONE SE THIRD AVE 2400 MIAMI, FL 33131 US

SIGNATURE:



Certificate of Status Desired: No

01/21/2020 Date

Date