

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90136 001 ***150.00

DOCUMENT # F58231

1. Entity Name
H.G. WEXLER, INC.



Principal Place of Business
**10048 SW 125 ST
MIAMI FL 33176**

Mailing Address
**10048 SW 125 ST
MIAMI FL 33176**



2. Principal Place of Business
12301 SW 123 Terr.
Suite, Apt. #, etc.

3. Mailing Address
12301 SW 123 Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **59-2141314**

Applied For

Not Applicable

Zip
33186

Country

Zip
33186

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

**STANLEY, WEXLER
10048 SW 125 ST
MIAMI FL 33176**

Name **Stanley Wexler**

Street Address (P.O. Box Number is Not Acceptable)

12301 SW 123 Terr.

City **Miami**

FL

Zip Code **33186**

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

(NOTE: Registered Agent signature required when reinstating)

4/6/2003
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WEXLER, STANLEY 10048 SW 125 ST MIAMI FL 33176 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WEXLER, STANLEY 12301 SW 123 Terr Miami, FLA. 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Stanley Wexler* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2003
Date

305 251 9354
Daytime Phone #

CR2E034 (10/02)