

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334855

Entity Name: WEXLER INSURANCE AGENCY INC**Current Principal Place of Business:**1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**Current Mailing Address:**1120 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US**FEI Number:** 59-1219972**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOCHEN, GREG
1120 PONCE DE LEON BLVD.
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:** GREG SOCHEN

02/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIR
Name	WEXLER, MICHAEL J
Address	7970 S.W. 145TH ST.
City-State-Zip:	MIAMI FL

Title	VP
Name	WASSERMAN, GARY J
Address	2518 MONTCLAIRE CIRCLE
City-State-Zip:	WESTON FL 33327

Title	PST
Name	WEXLER, STEVEN M.
Address	11104 SW 79TH PATH
City-State-Zip:	MIAMI FL 33156

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.

SIGNATURE: GREG SOCHEN**OFFICE MANAGER**

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date