

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0228064 AV

DOCUMENT # P93000051008

1. Entity Name
EXPORT SPECIALTY SERVICES CORP

02-11-2002 90173 002 ***150.00



Principal Place of Business

**6905 NW 77 AVE
 MIAMI FL 33166
 US**

Mailing Address

**6905 NW 77 AVE
 MIAMI FL 33166
 US**

2. Principal Place of Business

1145 71 St.

Suite, Apt. #, etc.

3. Mailing Address

1145 71 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

City & State

MIAMI Beach FL

Zip

33141

Country

USA

4. FEI Number

65-0424564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARROTTA, JOSE
 6905 NW 77 AVE
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

PARROTTA, JOSE

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

1145 71 St.

City

MIAMI BEACH FL

FL

Zip Code

33141

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **PARROTTA, JOSE**
 STREET ADDRESS **6905 NW 77 AVE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PD** ☐ Delete
 NAME **GARIONE, CARINA L**
 STREET ADDRESS **6905 NW 77 AVE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **JOSE PARROTTA**
 STREET ADDRESS **1145 71 St.**
 CITY-ST-ZIP **MIAMI Beach FL 33141**

TITLE **PD** ☒ Change ☐ Addition
 NAME **GARIONE CARINA L**
 STREET ADDRESS **1145 71 St.**
 CITY-ST-ZIP **MIAMI Beach FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

Daytime Phone #

CR2E034 (9/01)