

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90305 024 \*\*\*150.00

**DOCUMENT # P93000051008**

1. Entity Name  
**EXPORT SPECIALTY SERVICES CORP**



Principal Place of Business  
**1145 71 ST  
MIAMI BEACH FL 33141  
US**

Mailing Address  
**1145 71 ST  
MIAMI BEACH FL 33141  
US**

**30012677**



2. Principal Place of Business  
**1855 PALM AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1855 PALM AVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**HALEAH FL**  
Zip  
**33010**

City & State  
**HALEAH FL**  
Zip  
**33010**

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  
1145 71 ST  
MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

Name  
**PARROTTA, JOSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1855 PALM AVE**  
City  
**HALEAH FL** Zip Code  
**33010**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**1/20/03**

**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**

TITLE <b>PD</b>	NAME <b>PARROTTA, JOSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1145 71 ST</b>		
CITY-ST-ZIP <b>MIAMI BEACH FL 33141</b>		
TITLE <b>PD</b>	NAME <b>GARIONE, CARINA L</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1145 71 ST</b>		
CITY-ST-ZIP <b>MIAMI BEACH FL 33166</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PARROTTA JOSE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1855 PALM AVE</b>	
STREET ADDRESS <b>HALEAH FL 33010</b>	
CITY-ST-ZIP	
TITLE <b>GARIONE CARINA L</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>1855 PALM AVE</b>	
STREET ADDRESS <b>HALEAH FL 33010</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 officers empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**  
Date

Daytime Phone #

CR2E034 (10/02)