

2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # P99000016143

1. Entity Name
Esposito Food Service, INC. **R**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
345 E 49th St.
Miami, FL 33013

00064194

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 650896220
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Martha Cabrera
6901 SW 147th Ave. #1A
Miami, FL 33193

7. Name and Address of New Registered Agent
Name: Ivetta V. Curial
Street Address (P.O. Box Number is Not Acceptable): 6901 SW 147th Ave.
Apt 1A
City: Miami FL Zip Code: 33193

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: Ivetta V. Curial DATE: 6-6-00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S.T. Ivetta V. Curial 6901 SW 147th Ave. Apt 1A Miami, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Vladimir Curial 6901 SW 147th Ave. Apt. 1A Miami, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S.T. Martha Cabrera 6901 SW 147th Ave. Apt 1A Miami, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: Ivetta V. Curial DATE: 6-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

ESPOSITO FOOD SERVICE, INC.

6901 SW 147TH AVE. APT. 1A
MIAMI, FLORIDA 33193

July 21, 2000

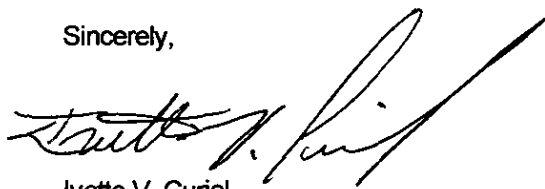
UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLHASSEE, FL 32302-1500

Dear Sir or Madam:

Enclosed is the 2000 Uniform Business Report, with a check of \$150.00. As per our discussion, your department has agreed to wave the late penalty, since I did not receive a renewal notice before May 1. For this reason, I was not able to complete it on time; I believe there was no apt. # on my address. In addition, this is the first time I have a corporation and unfortunately I wasn't aware of this form.

Your cooperation is greatly appreciated. Thank you so much for waving the additional fee.

Sincerely,



Ivette V. Curiel
President