

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000016143**

1. Entity Name

**ESPOSITO FOOD SERVICE, INC.****FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90112 042 \*\*\*150.00

Principal Place of Business

**345 E 49TH ST  
HALEAH FL 33013**

Mailing Address

**16720 SW 91 AVENUE  
MIAMI FL 33157**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

DO NOT WRITE IN THIS SPACE

**650890000** Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CURIEL, NETTE V  
6901 SW 147TH AVE.  
APT. 1A  
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 | NAME                    | STREET ADDRESS            | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|-------------------------|---------------------------|-----------------------|---------------------------------|
|       | <b>DPST</b>             |                           |                       |                                 |
|       | <b>CURIEL, NETTE V</b>  | <b>16720 SW 91 AVENUE</b> | <b>MIAMI FL 33157</b> |                                 |
|       | <b>V</b>                |                           |                       |                                 |
|       | <b>CURIEL, VLADIMIR</b> | <b>16720 SW 91 AVENUE</b> | <b>MIAMI FL 33157</b> |                                 |
|       |                         |                           |                       |                                 |
|       |                         |                           |                       |                                 |
|       |                         |                           |                       |                                 |
|       |                         |                           |                       |                                 |
|       |                         |                           |                       |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)