

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-18-2003 90021 006 ***158.75
P99000016143

02/07/40 AV

DOCUMENT # P99000016143

1. Entity Name
ESPOSITO FOOD SERVICE, INC.



FILED

03 JUL 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
345 E 49TH ST
HIALEAH FL 33013

Mailing Address
16720 SW 91 AVENUE
MIAMI FL 33157

2. Principal Place of Business
345 E 49th St.
Suite, Apt. #, etc.

3. Mailing Address
16720 SW 91 Ave
Suite, Apt. #, etc.

City & State
Miami F.L.
Zip 33013 Country Dade

City & State
Miami, FL
Zip 33157 Country Dade

4. FEI Number 65-0896220

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CURIEL, VETTE V
6901 SW 147TH AVE.
APT. 1A
MIAMI FL 33193

7. Name and Address of New Registered Agent
Name CURIEL, VETTE V.
Street Address (P.O. Box Number is Not Acceptable)
16720 SW 91st Ave.
City Miami FL Zip Code 33157

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 Truitt A. Luf 5-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CURIEL, VETTE V 16720 SW 91 AVENUE MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURIEL, VLADIMIR 16720 SW 91 AVENUE MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500022068325 08/05/03--01008--035 **391.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Truitt A. Luf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03
Date Daytime Phone #

CR2E034 (10/02)