

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 037 ***150.00

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

DOCUMENT # H14194

1. Entity Name
WHITTIER SQUARE, INC.



Principal Place of Business
~~5 ROMA ARIAS~~
~~4950 GULF BLVD STE 802~~
~~ST PETE BEACH, FL 33617-9437 US~~

Mailing Address
~~5 ROMA ARIAS~~
~~BEAU MONDE #203, 4950 GULF BLVD~~
~~ST PETE BEACH, FL 33706 US~~

2. Principal Place of Business
5025 E. Fowler Ave.
Suite, Apt. #, etc.
#14

3. Mailing Address
5025 E. Fowler Ave.
Suite, Apt. #, etc.
#14



☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-2448585

Applied For
☐ Not Applicable

Zip
33617

Country
USA

Zip
33617

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARRINAGA, R. MICHAEL
5025 E. FOWLER AVENUE
SUITE 14
TAMPA, FL 33617

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
aka 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

R. Michael Larrinaga

R. MICHAEL LARRINAGA

5/9/03 813-899-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Whittier Square, Inc. 90134964
Management Office
5025 East Fowler Avenue, Suite 14
Tampa, Florida 33617

May 9, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Whittier Square, Inc.
Document #H14194

To Whom It May Concern:

It has recently come to our attention that the Uniform Business Return on behalf of our company was not submitted. Please be advised that this was an oversight by us and was not intentional negligence on our part.

Unfortunately, we never received a copy of the original report. The Principal of this company passed away and her address was listed as the mailing address. We have had considerable trouble with the forwarding of her mail through the U. S. Postal Service. In addition, the company has been going through considerable changes, including complete renovation of the business.

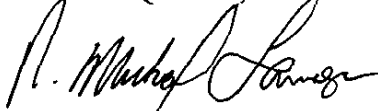
Enclosed please find our Uniform Business Report. Please note the changes we have listed, including the change of officers and directors as well as the address. In addition, enclosed please find our check in the amount of \$150 for the filing fee associated with this report.

We would like to respectfully request at this time that the penalty for delinquent filing be abated due to the above circumstances.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

WHITTIER SQUARE, INC.


R. Michael Larrinaga
Vice-President

RML/eam
Enclosures