

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90034 016 ****61.25

DOCUMENT # N04956

1. Entity Name

EUZKAL TXOKO, INC.

Principal Place of Business

4009 NORTH HOLMES AVE
CLUBHOUSE
TAMPA FL 33607

Mailing Address

3119 ABDELLAST
TAMPA FL 33617

2. Principal Place of Business

5025 EAST Fowler Ave.

3. Mailing Address

5025 EAST Fowler Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14

Suite 14

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-2463031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRUSTA, AITOR
4509 S. OAK DR
SUITE 0-21
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

R. MICHAEL LARRINANA

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

5025 EAST FOWLER AVE SUITE 14

City

TAMPA

FL

Zip Code

33617

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHURRUCA, JOSE
STREET ADDRESS 3119 ABDELLA ST
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

TITLE D
NAME CHURRUCA, JUAN
STREET ADDRESS 511 N BEVERLY AVE
CITY-ST-ZIP TAMPA FL 33609-1409 ☒ Delete

TITLE D
NAME ZULAIKA, JESUS M
STREET ADDRESS 5711 E. LONG BOAT BLVD
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE TD
NAME AGUIREZABAL, JUAN L
STREET ADDRESS 8820 BRENNAN CIR. #105
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME JOSE J. MAORTUA
STREET ADDRESS 1006 PEBBLESTONE PL
CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☒ Addition

TITLE T
NAME JOSE Pablo Lopez-Renedo
STREET ADDRESS 3325 WEST IVY STREET
CITY-ST-ZIP TAMPA, FLORIDA 33607 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME JUAN L. AGUIREZABAL
STREET ADDRESS 13505 FAUN RIDGE BLVD
CITY-ST-ZIP TAMPA - FL 33626 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS M. ZULAIKA

JMZ

Date

Daytime Phone #

4/20/01 813-818-9047

CR2E037 (10/00)