

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04956

1. Entity Name

EUZKAL TXOKO, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90352 009 ****61.25

Principal Place of Business

Mailing Address

5025 EAST FOWLER AVE SUITE 14
TAMPA FL 33617

5025 EAST FOWLER AVE SUITE 14
TAMPA FL 33617

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

59-2463031

Applied For

Not Applicable

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 EAST FOWLER AVE 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.

SIGNATURE:

R. Michael Larrinaga

R. MICHAEL LARRINAGA

Registered Agent 4/10/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULAIKA, JESUS M 5711 E. LONG BOAT BLVD TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUIREZABAL, JUAN L 13505 FAOUN RIDGE BLVD TAMPA FL 33626	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAORTUA, JOSE L 1006 PEBBLESTONE PL TAMPA FL 33624	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ-RENEADO, JOSE PABLO 3325 WEST IVY STREET TAMPA FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

JOSE PABLO LOPEZ-RENEADO 6002 TREASURER (813) 899-2000

CR2E037 (9/01)