

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 039 ***150.00

DOCUMENT # F00000005132

1. Entity Name

MEXSSUB INTERNATIONAL INC.

Principal Place of Business

**1001 WEST LOOP SOUTH, SUITE 100-139
 HOUSTON TX 77027**

Mailing Address

**1001 WEST LOOP SOUTH, SUITE 100-139
 HOUSTON TX 77027**

2. Principal Place of Business

**1616 S. Voss Road
 Suite 890
 Houston TX**

3. Mailing Address

**1616 S. Voss Road
 Suite 890
 Houston TX**

City & State

Houston TX

City & State

Houston TX

Zip

77057

Country

USA

Zip

77057

Country

USA

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES INC.
 1333 NORTH DUVALL STREET
 TALLAHASSEE FL 32303**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **SILVA LOPEZ, JOSE DE JESUS F**
 STREET ADDRESS **1001 WEST LOOP SOUTH, SUITE 100-139**
 CITY-ST-ZIP **HOUSTON TX 77027**

TITLE **VD** ☐ Delete
 NAME **CAJIGA YAMIN, JOSE ANTONIO A**
 STREET ADDRESS **210 KNOLLWOOD DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

06/18/02 7132782175

Date

Daytime Phone #

CR2E034 (9/01)