

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90276 030 ***150.00

DOCUMENT # F00000005132

1. Entity Name
MEXSSUB INTERNATIONAL INC.



Principal Place of Business
**1616 S. VOSS ROAD
SUITE 890
HOUSTON TX 77057**

Mailing Address
**1616 S. VOSS ROAD
SUITE 890
HOUSTON TX 77057**



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 **76-0525767**

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

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

Name **Jesus L. Silva .**

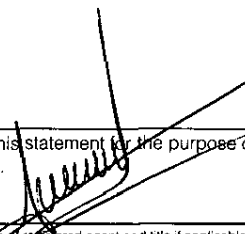
Street Address (P.O. Box Number is Not Acceptable)
210 Knollwood Drive

City **Key Biscayne**

FL

Zip Code
33149

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

04/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **SILVA LOPEZ, JOSE DE JESUS F**
STREET ADDRESS **1001 WEST LOOP SOUTH, SUITE 100-139**
CITY-ST-ZIP **HOUSTON TX 77027** ☐ Delete

TITLE **PD**
NAME **Silva Lopez, Jose De Jesus F**
STREET ADDRESS **1616 S. Voss Road, Suite 890**
CITY-ST-ZIP **Houston, TX 77057** ☒ Change ☐ Addition

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

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

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

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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/03

(713)278-2175

CR2E034 (10/02)