

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001725**

1. Entity Name

AGUIRRE BUILDING SYSTEMS, INC.

Principal Place of Business

**12700 PARK CENTRAL DR., FLOOR 15
DALLAS TX 75251**

Mailing Address

**12700 PARK CENTRAL DR., FLOOR 15
DALLAS TX 75251**

2. Principal Place of Business

12700 Park Central Dr. Fl 15

3. Mailing Address

12700 Park Central Dr. Fl 15

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dallas, TX 75251City & State
Dallas, TX 75251Zip
75251Country
U.S.Zip
75251Country
U.S.4. FEI Number **75-2703210**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required ☒**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301****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

9. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CP AGUIRRE, PEDRO 12700 PARK CENTRAL DR., FLOOR 15 DALLAS TX 75251 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODEN, GARY D 12700 PARK CENTRAL DR., FLOOR 15 DALLAS TX 75251 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wood, Ron 12700 Park Central Dr., Fl 15 Dallas, TX 75251 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Wood, Sr. V.P.

Date

Daytime Phone #

01/08/01**FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90020 021 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)