

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90060 047 ***150.00

DOCUMENT # F99000004428

1. Entity Name
TEXAS AGUIRRE INC

Principal Place of Business: **12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS TX 75251**
 Mailing Address: **12700 PARK CENTRAL DRIVE, 15TH FLOOR DALLAS TX 75251**



DO NOT WRITE IN THIS SPACE

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 75-2474596	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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, 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	CCEO <input type="checkbox"/> Delete
NAME	AGUIRRE, PEDRO D
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251
TITLE	PD <input type="checkbox"/> Delete
NAME	RODEN, GARY D
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251
TITLE	V <input type="checkbox"/> Delete
NAME	GARDNER, FROST E
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251
TITLE	VD <input type="checkbox"/> Delete
NAME	WINTERS, PETER M
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251
TITLE	V <input type="checkbox"/> Delete
NAME	GILL, KENNETH E
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251
TITLE	V <input type="checkbox"/> Delete
NAME	WOOD, RON
STREET ADDRESS	12700 PARK CENTRAL DRIVE, 15TH FLOOR
CITY-ST-ZIP	DALLAS TX 75251

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S Apr '02 **972-788-1508**
 Date Daytime Phone #

CR2E034 (9/01)