

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14967

1. Entity Name

TEXASWORLD SERVICE COMPANY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 017 ***150.00

Principal Place of Business

Mailing Address

3934 FM 1960 WEST
STE 305
HOUSTON TX 77068
US

P.O. BOX 60225 AMF
HOUSTON TX 77205
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Houston TX

4. FEI Number

76-0052000

Applied For

Not Applicable

Zip

Country

Zip

Country

77205

U.S.

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KIM, SAMUEL L.
STREET ADDRESS 2230 HOLLY AVE.
CITY-ST-ZIP ARCADIA CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME MROZEWSKI, JOSEPH A.
STREET ADDRESS 18311 ALDERMOOR
CITY-ST-ZIP SPRING TX

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph A. Mrozewski, Vice President 1/26/00 281-580-3395

CR2E034 (9/99)