

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90214 027 \*\*\*150.00

**DOCUMENT # P29960**

1. Entity Name  
**PORCELANITE, INC.**



Principal Place of Business  
**1184 W CORPORATE DR  
ARLINGTON TX 76006**

Mailing Address  
**1184 W CORPORATE DR  
ARLINGTON TX 76006**

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 **56-0639028**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYES 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. 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

**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

TITLE **COB** ☐ Delete  
NAME **ABOMRAD, ALEJANDRO**  
STREET ADDRESS **BOOZUES DE CIRVELOS/NO 130-7**  
CITY-ST-ZIP **BOOQUE DE LUS LANAS**

TITLE **P** ☐ Delete  
NAME **AGUIRRE, FELIX**  
STREET ADDRESS **1184 W CORPORATE DR**  
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE **C** ☐ Delete  
NAME **LISEA, JOSE L**  
STREET ADDRESS **1184 W CORPORATE DR**  
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE **AS** ☒ Delete  
NAME **SANCHEZ, ALEJANDRO**  
STREET ADDRESS **1184 W CORPORATE DR**  
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Chairman of the Board** ☒ Change ☐ Addition  
NAME **ABOUMRAD, ALEJANDRO**  
STREET ADDRESS **BOSQUES DE CIRUELOS #130-8**  
CITY-ST-ZIP **BOSQUE DE LAS LOMAS CP 11700, MEXICO, DF**

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 **Treasurer** ☐ Change ☒ Addition  
NAME **Fernando Vargas**  
STREET ADDRESS **(same as above)**  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Alejandro Archundia**  
STREET ADDRESS **(same as above)**  
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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Jose L Lisea**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03**  
Date

**817-607-1525**  
Daytime Phone #

CR2E034 (10/02)