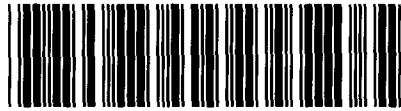


Control Number: 49779



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Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
2019 OCT -1 AM 9:15
PUBLIC UTILITY COMMISSION
CLERK

PROJECT NO. 49779

1. Check the most appropriate box to describe this submission:

- ☒ This is a new broker registration
- ☐ This supplies information for a pending broker registration
- ☐ This amends an existing, completed broker registration

Provide an explanation of the amendment:

2. Authorized Representative or Attorney to contact about this application:

Name	DEMETRA VOUVOUNAS	Title	Broker
Business Address	6415 POUTER DRIVE		
City	HOUSTON	State	TEXAS
Zip	77083		
Telephone Number	832.515.8277		
Email Address	artemed@aol.com		

3. Registering Entity: List the registering entity's legal name, business address, and telephone number.

Name	DEMETRA VOUVOUNAS		
Business address	6415 POUTER DRIVE		
City	HOUSTON	State	TEXAS
Zip	77083		
Telephone Number	832.515.8277		

4. Type of organization of registering entity:

- ☒ Sole proprietor ☐ Other
- ☐ Corporation
- ☐ Limited Liability Company, L.L.C
- ☐ Limited Partnership

1173

5. Description of the brokerage services provided by the registering entity and type of customers served.

Description of Services:

Types of Customers: *Check all that apply*

☒ Residential

☐ Industrial

☐ Other

☐ Commercial

☐ Municipalities

6. **Other Names.** List any trade, commercial, and doing-business-as (d/b/a) names, other than the legal name listed in #3 above, under which the registering entity intends to operate. Any name in which a corporation intends to operate must be registered with the Secretary of State.

1 st	2 nd
3 rd	4 th
5 th	

7. **Officers.** Provide, as **Attachment A**, the names, business addresses, email addresses, and phone numbers of the registering entity's officers, directors, and partners, as applicable.

☐ Attachment A

8. **Customer Service Contact.** List the telephone number and email address of the customer service department. If the registering entity does not have a dedicated customer service department, then provide the name, title, address, email address, and telephone number of the customer service contact person.

Customer Service Department	Telephone Number	Email Address
	832. 515. 8277	artemed@aol.com
Name	DEMETRA VOUVOUNAS	Title
		Broker
Business address	6415 POUTER DRIVE	
City	HOUSTON	State
		TEXAS
Zip	77083	
Telephone Number	832. 515. 8277	
Email Address	artemed@aol.com	

9. **Regulatory contact person.** List the name, physical business address, telephone number, and email address for a regulatory contact person.

Name	Demetra Vouvounas	Title
		Broker
Business address	6415 POUTER DRIVE	
City	HOUSTON	State
		TX
Zip	77083	
Telephone Number	832. 515. 8277	
Email Address	artemed@aol.com	

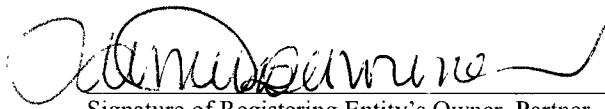
10. Secretary of State Record. Entities who must register with the Secretary of State must provide a copy of the certificate of status issued by the Texas Secretary of State certifying that the registering entity is authorized to transact business in Texas.

☐ Copy of Secretary of State certificate of status is attached.

AFFIDAVIT

My name is Demetra Vouvakonas. I am the Broker of the Registering Entity.

I swear or affirm that I have personal knowledge of the facts stated in the attached registration, that I am competent to testify to them, and that I have the authority to submit this application form on behalf of the registering entity. I further swear or affirm that all statements made in the Registration Form are true, correct and complete and that any substantial changes in such information will be provided to the Public Utility Commission of Texas in a timely manner. I swear or affirm that the registering entity understands and will comply with all requirements of the applicable law and rules, including customer protection provisions, disclosure requirements, and marketing guidelines for retail electric service.

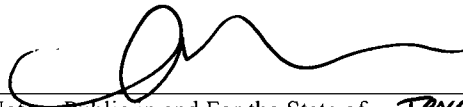


Signature of Registering Entity's Owner, Partner, or Officer

Demetra Vouvakonas
Printed Name

Demetra Vouvakonas
Name of Registering Entity

Sworn and subscribed before me this 16 day of September, 19.
Month Year



Notary Public in and For the State of Texas.
My commission expires on 04-22-2023.

