



Control Number: 49779



Item Number: 1177

Addendum StartPage: 0



ELECTRICITY BROKER REGISTRATION FORM

RECEIVED
2019 OCT -2 AM 9:04
PUBLIC UTILITY COMMISSION
FILING 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 Miguel A Ramirez

Title Partner

Business Address 2035 Sancerre Ln

City Carrollton

State Tx

Zip 75007

Telephone Number (214) 646-5312

Email Address mikelis1958@hotmail.com

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

Name Sky High Telecomm

Business address 4689 Mustang Pkwy apt 6307

City Carrollton

State Tx

Zip 75010

Telephone Number 214-646-5312

4. Type of organization of registering entity:

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

1177

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.

1st

2nd

3rd

4th

5th

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, business address, email address, and telephone number of the customer service contact person.

Customer Service
Department

Telephone Number
(469) 464-7615

Email Address
skyhightelecomm@gmail.com

Name Luis Ramirez

Title partner

Business address 2035 Sancerre Ln

City Carrollton

State TX

Zip 75007

Telephone Number 4694647615

Email Address skyhightelecomm@gmail.com

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

Name Miguel A Ramirez

Title Partner

Business address 2035 Sancerre Ln

City Carrollton

State TX

Zip 75007

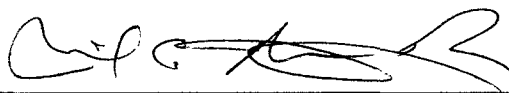
Telephone Number (214) 646-5312

Email Address mikelis1958@hotmail.com

AFFIDAVIT

My name is MIGUEL A. RAMIREZ. I am the PARTNER 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

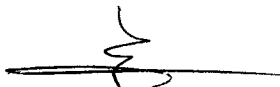
MIGUEL A. RAMIREZ

Printed Name

SKY HIGH telecom

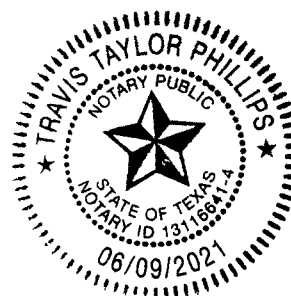
Name of Registering Entity

Sworn and subscribed before me this 21st day of September, 2019
Month Year



Notary Public in and For the State of TEXAS

My commission expires on 6/9/2021



IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-08-2017

Employer Identification Number:
82-0726759

Form: SS-4

Number of this notice: CP 575 B

SKY HIGH TELECOMM
LUIS F RAMIREZ GEN PTR
4689 MUSTANG PKWY APT 6307
CARROLLTON, TX 75010

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-0726759. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown:

Form 1065

03/15/2018

If you need more information, you can call us at 1-800-829-4933. If you are unable to reach us, you can write to the address shown at the top of this notice. If you have any questions, please call 1-800-829-4933.

ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS ENTERPRISES
 THESE "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY WHEN ASSUMED NAME RECORDS ARE
 FILED IN THE COUNTY CLERK'S OFFICE.
 (See Chapter 71 of the Texas Business and Commerce Code for more information.)

NAME IN WHICH BUSINESS IS CONDUCTED

Sky High Telecomm

PHYSICAL ADDRESS OF BUSINESS: 4000 Mustang Creek Dr #107

CITY: Carrollton

STATE: TX

ZIP CODE: 75006

PERIOD DURING WHICH ASSUMED NAME WILL BE USED (and not used 10 years): 05/10/2017 05/10/2027

BUSINESS IS TO BE CONDUCTED AS (check one):

☐ Individual

☒ General Partnership

☐ Limited Partnership

☐ Other (name type):

I/We, the undersigned, are the owner(s) of the business and
 there is/are no owners of the business who are not listed below.

NAME Luis Ramirez

ADDRESS 4000 Mustang Creek Dr #107

NAME Miguel Ramirez

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

Recorded On: May 10, 2017 12:19 PM

Total Recording: \$24.50

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