



Control Number: 49779



Item Number: 688

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 PUBLIC AFFAIRS

**ELECTRICITY BROKER REGISTRATION FORM**

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 <i>PABLO ANTONIO FLORES</i>		Title <i>Owner</i>
Business Address <i>3733 Ambassador way</i>		
City <i>B. Springs</i>	State <i>Texas</i>	Zip <i>75180</i>
Telephone Number <i>(972) 623-8153</i>		
Email Address <i>pat52wfg@uol.com</i>		

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

Name <i>Pablo A. Flores dba LSI Glass</i>		
Business address <i>3733 Ambassador way</i>		
City <i>B. Springs</i>	State <i>Texas</i>	Zip <i>75180</i>
Telephone Number <i>(972) 623-8153</i>		

**4. Type of organization of registering entity**

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

*LOBS*

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

Description of Services: BROKER, CONSULTING and Advice

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 <sup>st</sup>	NONE	2 <sup>nd</sup>
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>

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
	(972) 623-8153	paf52wfg@aol.com
Name	Title	
Pablo A. Flores	Owner	
Business address		
3733 Ambassador Way		
City	State	Zip
R. Springs	Texas	75180
Telephone Number		
(972) 623-8153		
Email Address		
paf52wfg@aol.com		

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

Name	Title	
Pablo A. Flores	Owner	
Business address		
3733 Ambassador Way		
City	State	Zip
R. Springs	Texas	75180
Telephone Number		
(972) 623-8153		
Email Address		
paf52wfg@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 Pablo A. Flores I am the Owner 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.

Pablo A. Flores

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

Pablo A. Flores

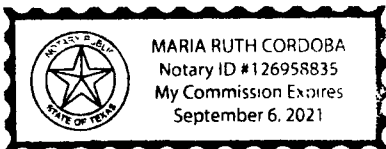
Printed Name

Pablo A. Flores dba LSE Glass

Name of Registering Entity

Sworn and subscribed before me this 26<sup>th</sup> day of August, 2019.  
Month Year

Maria Ruth Cordoba  
Notary Public in and For the State of Texas  
My commission expires on Sept 6 2021



# LSI Glass

August 26, 2019

## Attachment A TX PUC BR Officers

Name	Business address	email	ph No
Pablo A. Flores	3733 Ambassador Way Balch Springs, TX. 75180	pafb2yfg@aol.com	(972) 623-8153

Sole proprietor, there are not more officers.

3733 Ambassador way, Balch Springs, TX. 75180 ph (972) 623-8153 Fax (214)865-6659  
email; pafb2yfg@aol.com

# TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

in place of a resale or exemption certificate. You will be required to have a valid resale/exemption certificate on file.

LOCATION NAME, and PHYSICAL LOCATION

**SALES AND USE TAX**

Taxpayer number: 3-20080-7727-6

Outlet number: 00002

First business date: 07/01/1996

SIC CODE: 5999 DESCRIPTION ON NEXT LINE: Miscellaneous Retail Stores, Not Elsewhere Classified

SHOW THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

BA: EFF: 07/01/1996

*Carole Keeton Rylander*  
**CAROLE KEETON RYLANDER**  
Comptroller of Public Accounts

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS.

If you have any questions regarding sales tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-5555, toll free, nationwide. The Austin number is 512/463-4600. If you are calling from a Telecommunications Device for the Deaf (TDD), the toll free number is 1-800-248-4099, or in Austin, 512/463-4621.

Detach here and display your permit only.

**IS THE INFORMATION PRINTED ON THIS PERMIT CORRECT?**

If your permit is correct, DO NOT return this form.

If your permit contains incorrect information, you may use this form to:

- correct your business location name, location address (if not a location change), taxpayer name, and/or mailing address;
- provide us with your new Federal Employer's Identification Number (FEIN);
- notify us that this location is no longer in business and provide the date of your last business transaction.

To notify us of a change of ownership or business location, to correct the description of your business, or to correct the local taxing authority(ies) in which this outlet is located, call us toll free at 1-800-252-5555. The Austin number is 512/463-4600.

For more information on determining if the local taxing authorities listed above are correct, please see information printed on the back of this form.

**COMPLETION INSTRUCTIONS**

To make corrections to your permit information using this form:

- enter the taxpayer name, taxpayer number and outlet number shown on the permit;
- indicate the required corrections by entering ONLY the information that has changed in the appropriate item(s);
- enter the date of your last business transaction if the location is out of business;
- sign and date the form;
- mail the form to COMPTROLLER OF PUBLIC ACCOUNTS, 111 E. 17th Street, Austin, TX 78774-0100.

If a new permit is required due to your corrections, you will receive the new permit by mail after your information is processed. Refer to the back of this form and the back of your permit for more information.

You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

**TEXAS SALES AND USE TAX PERMIT**

Taxpayer name shown on the permit

PABLO A FLORES

Taxpayer number shown on the permit

32008077276

Outlet number shown on the permit

00002

Correct business location name

Correct business location address

City

State

ZIP Code

Correct taxpayer name

Phone number (Area code and number)

Correct mailing address

City

State

ZIP Code

Federal Employer Identification Number

If you are no longer in business, enter the date of your last business transaction.

Taxpayer or authorized agent

Date

sign here

**Comptroller use only**

JOB NAME: MISCAPP  
microfilm

00991  
2601

Reference number

Destin

Taxpayer number change

NENTRY \* 01000 \* 0

XUMAST

Master name correction

Master mailing address change

County code

Master phone number add/change

XULOCA

Outlet/location name change

Outlet/location address change

County code

City indicator

XUSTAT

OOB sales tax permit

OOB date

000001004