

# Texas Franchise Tax No Tax Due Report

☒ Tcode 13255 Annual

☒ Taxpayer number

☒ Report year

Due date

32068157877

2020

05/15/2020

The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.

Taxpayer name Latinos for Trump				Secretary of State file number or Comptroller file number 0803100360	
Mailing address 6725 Fairmont Pkwy 102					
City Pasadena	State TX	Country USA	ZIP code plus 4 775054403	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input type="checkbox"/>				NAICS code <input type="checkbox"/>	
Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form) <input type="checkbox"/>					
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

If any of the statements below are true, you qualify to file this **No Tax Due Report** (Check all boxes that apply):

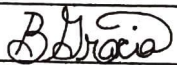
1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions)  
(Passive income does NOT include rent) 1. ☒
  2. This entity's annualized total revenue is below the no tax due threshold. 2. ☐
  3. This entity has zero Texas Gross Receipts. 3. ☒
  4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4). 4. ☐
  5. This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (See instructions)  
(Must have formed after Jan. 1, 2016 and must be pre-qualified.) 5. ☐
- 6a. Accounting year begin date 

m	m	d	d	y	y
0	1	0	1	1	9

 6a. ☐
- 6b. Accounting year end date 

m	m	d	d	y	y
1	2	3	1	1	9

 6b. ☐
7. TOTAL REVENUE (Whole dollars only) 7. ☐ 0 .00

Print or type name Bianca Gracia		Area code and phone number (832) 277-5062	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
sign here 	Date 06/18/2021		

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>						
PM Date	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						



TX2021 05-102  
Ver. 12.0 (Rev.9-15/33)

**Texas Franchise Tax Public Information Report**  
To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

**You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.**

32068157877		2020	
Taxpayer name Latinos for Trump		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 6725 Fairmont Pkwy 102		Secretary of State (SOS) file number or Comptroller file number 0803100360	
City Pasadena	State TX	ZIP code plus 4 775054403	

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 6725 Fairmont Pkwy 102 Pasadena TX 77505-4403
Principal place of business 6725 Fairmont Pkwy 102 Pasadena TX 77505-4403

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below! This report must be signed to satisfy franchise tax requirements.**



3206815787720

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name Bianca Gracia	Title President	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y 0 1 0 1 3 0
Mailing address 6725 Fairmont Pkwy 102	City Pasadena	State TX	ZIP Code 77505
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here 	Title President	Date 06/18/2021	Area code and phone number (832) 277-5062

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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# Texas Franchise Tax Ownership Information Report

To be filed by Entities other than Corporations, Limited Liability Companies, Limited Partnerships,  
Professional Associations or Financial Institutions

**Tcode 13197**

<input type="checkbox"/> Taxpayer number		<input type="checkbox"/> Report year	
32068157877		2020	
Taxpayer name Latinos for Trump			
Mailing address 6725 Fairmont Pkwy 102			
City Pasadena		State TX	Country USA
		ZIP code plus 4 775054403	Check box if the mailing address has changed. <input type="checkbox"/>
			Secretary of State (SOS) file number or Comptroller file number 0803100360

*You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.*

**SECTION A.** Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of 10 percent or more in this entity.

Name Latinos for Trump	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>
Mailing address 6725 Fairmont Pkwy 102	FEI number 831097401	Percentage of ownership 100.000000		
City Pasadena	State TX	ZIP code plus 4 77505		

Name	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input type="checkbox"/>
Mailing address	FEI number	Percentage of ownership		
City	State	ZIP code plus 4		

Name	What type of owner? (Check only one)	GENERAL PARTNER <input type="checkbox"/>	LIMITED PARTNER <input type="checkbox"/>	OTHER <input type="checkbox"/>
Mailing address	FEI number	Percentage of ownership		
City	State	ZIP code plus 4		

**SECTION B.** Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or entity	State of formation	FEI number	Percentage of ownership
Name of owned (subsidiary) corporation or entity	State of formation	FEI number	Percentage of ownership

Registered agent and office, or agent for service of process (see instructions if you need to make changes)			
Agent:			
Office:	City	State	ZIP code plus 4

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.

**Use additional forms (05-167) for Sections A and B as necessary.**

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.

<b>sign here</b>	Title President	Date 06/18/2021	Area code and phone number (832) 277-5062
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**Mail original to:**  
 Texas Comptroller of Public Accounts  
 P. O. Box 149348  
 Austin, TX 78714-9348

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VE/DE ☐

