

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001245**

1. Entity Name  
**HARRODS MIDTOWN LTD.**

FILED

Principal Place of Business  
**PO BOX 73346  
HOUSTON TX 77273**

Mailing Address  
**PO BOX 73346  
HOUSTON TX 77273**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
**PO BOX 771207**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 771207**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HOUSTON, TX**  
Zip  
**77215**

City & State  
**HOUSTON, TX**  
Zip  
**77215**

4. FEI Number  
**75-2569113**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**VASQUEZ, ROSY  
2011 N. WHEELER ST  
PLANT CITY FL 33566**

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record. **\$380,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

## 12. GENERAL PARTNER INFORMATION

DOCUMENT # **F95000004009**  
NAME **MIDTOWN PROPERTIES, INC.**  
STREET ADDRESS **15919 I-10 EAST**  
CITY-ST-ZIP **CHANNELVIEW TX 77530**

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS **6100 CORPORATE DR, SUITE 380**  
CITY-ST-ZIP **HOUSTON, TX 77215**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **800004557018--3**  
CITY-ST-ZIP **-08/27/01--01024--002**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE **Charles Grimes, VP of GP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CHARLES GRIMES, VP OF GP**

**8/18/01** (713) 779-9907  
Date Daytime Phone #

0019031 AB

CR2E003 (11/00)