

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004009

1. Entity Name
MIDTOWN PROPERTIES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 036 ***150.00

00052015



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 73346
HOUSTON TX 77273

PO BOX 73346
HOUSTON TX 77273

2. Principal Place of Business

P.O. Box 771207

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 771207

Suite, Apt. #, etc.

City & State

Houston, TX

City & State

Houston, TX

4. FEI Number 75-2569113

Applied For
Not Applicable

Zip

77215

Country

Harris

Zip

77215

Country

Harris

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASQUEZ, ROSY
2011 NORTH WHEELER STREET
PLAN CITY FL 33566

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPS
HSU, STEVE
17427 SANDY CLIFFS
HOUSTON TX 77090 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPS
Hsu, Steve
607 Sugar Creek
Sugarland, Texas 77478 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
GRIMES, CHARLES
15919 I-10 EAST
CHANNELVIEW TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Grimes, Vice President (713) 779-9907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)