

# 2000 UNIFORM BUSINESS REPORT (UBR)

9.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90022 041 \*\*\*550.00

**DOCUMENT # F96000004403**

1. Entity Name

**MEMBER'S BUILDING MAINTENANCE CORPORATION**

Principal Place of Business

11363 DENTON DRIVE  
 SUITE 125  
 DALLAS TX 75229

Mailing Address

11363 DENTON DRIVE  
 SUITE 125  
 DALLAS TX 75229

2. Principal Place of Business

**1901 ROYAL Ln Suite#102**

3. Mailing Address

**1901 Royal Ln Suite #102**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dallas, Texas**

City & State

**Dallas, Texas**

4. FEI Number

**75-1968347**

Applied For

Not Applicable

Zip

**75229**

Country

**Dallas**

Zip

**75229**

Country

**Dallas**

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

**KIM, ANN**  
**455 DOUGLAS AVE, SUITE 2155-16**  
**ALTAMONTE SPRINGS FL 32701**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/28/00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME **PC**  
 STREET ADDRESS **KIM, ODES H**  
 CITY-ST-ZIP **2608 BROOKSIDE DRIVE**  
**IRVING TX 75063**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **KIM, ANN**  
 CITY-ST-ZIP **2608 BROOKSIDE DRIVE**  
**IRVING TX 75063**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

*ANN Kim, Secretary*

**9/14/00**

**972-2291**

**8/31**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)