

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91163 041 \*\*\*158.75

**DOCUMENT # F99000004446**

**1. Entity Name**  
**MINI PARTNERS, INC.**

**Principal Place of Business**  
**10575 WESTOFFICE DRIVE**  
**HOUSTON TX 77042**

**Mailing Address**  
**10575 WESTOFFICE DRIVE**  
**HOUSTON TX 77042**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 76-0642063**

Applied For

Not Applicable

**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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULVANEY, DOUGLAS L	
STREET ADDRESS	10575 WESTOFFICE DRIVE	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTSON, GUY J SR.	
STREET ADDRESS	10575 WESTOFFICE DRIVE	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCLELLAN, WILLIAM P	
STREET ADDRESS	10575 WESTOFFICE DRIVE	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURNEY, DONALD W	
STREET ADDRESS	2727 NORTH CENTRAL AVENUE	
CITY-ST-ZIP	PHOENIX AZ 85004	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIEGER, JON A	
STREET ADDRESS	12133 EAST CORTEZ DRIVE	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

713-464-6944

Daytime Phone #

CR2E034 (10/00)