

2001-UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90076 042 ***150.00

DOCUMENT # F98000000759

1. Entity Name

NATIONAL INCOME REALTY INVESTORS, INC.

Principal Place of Business

**280 PARK AVE., EAST BLDG., 20TH FLOOR
 NEW YORK NY 10017**

Mailing Address

**280 PARK AVE., EAST BLDG., 20TH FLOOR
 NEW YORK NY 10017**

2. Principal Place of Business

1775 Broadway

3. Mailing Address

3100 Monticello

Suite, Apt. #, etc.

23rd Floor

Suite, Apt. #, etc.

Suite 200

City & State

New York NY

City & State

Dallas TX

Zip

10019

Country

USA

Zip

75205

Country

USA

4. FEI Number

75-2401812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

TITLE **PD** ☐ Delete
 NAME **FRIEDMAN, WILLIAM S**
 STREET ADDRESS **280 PARK AVE., EAST BLDG., 20TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **SV** ☐ Delete
 NAME **MANSFIELD, KATHRYN**
 STREET ADDRESS **3100 MONTICELLO AVE., #200**
 CITY-ST-ZIP **DALLAS TX 75205**

TITLE **CFOV** ☐ Delete
 NAME **DAVIS, ERIN**
 STREET ADDRESS **3100 MONTICELLO AVE., #200**
 CITY-ST-ZIP **DALLAS TX 75205**

TITLE **V** ☐ Delete
 NAME **GRIGSBY, LARRY**
 STREET ADDRESS **3100 MONTICELLO AVE., #200**
 CITY-ST-ZIP **DALLAS TX 75205**

TITLE **V** ☐ Delete
 NAME **CLINTON, CHRIS W**
 STREET ADDRESS **3100 MONTICELLO AVE., #200**
 CITY-ST-ZIP **DALLAS TX 75205**

TITLE **V** ☐ Delete
 NAME **RUBENSTEIN, CHARLES**
 STREET ADDRESS **280 PK AVE E BLDG 20TH FL**
 CITY-ST-ZIP **NEW YORK NY 10017**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P CEO D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1775 Broadway, 23rd Floor**
 CITY-ST-ZIP **New York, NY 10019**

TITLE **EVPS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO EVP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1775 Broadway, 23rd Floor**
 CITY-ST-ZIP **New York, NY 10019**

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:

Kathryn Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN MANSFIELD 4-9-DI 214-599-2200

Date

Daytime Phone #

CR2E034 (10/00)