

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90298 043 \*\*\*150.00

**DOCUMENT # P35273**

1. Entity Name  
**DMC REALTY INVESTMENT GROUP, INC.**

Principal Place of Business  
**6363 WOODWAY, SUITE 1000**  
**HOUSTON TX 77057-1717**

Mailing Address  
**6363 WOODWAY, SUITE 1000**  
**HOUSTON TX 77057-1717**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0249124**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BAILIN, LAWRENCE J.**  
**ONE TAMPA CITY CENTER, SUITE 3300**  
**TAMPA FL 33601**

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	DP DINERSTEIN, JACK 6363 WOODWAY, SUITE 1000 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, JOANNE 6363 WOODWAY SUITE 1000 HOUSTON TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DINERSTEIN, T.H. 6363 WOODWAY, SUITE 1000 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CALTAGIRONE, VINCENT T 6363 WOODWAY, SUITE 1000 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUSMANN, RANDALL A. 6363 WOODWAY, SUITE 1000 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D/P DINERSTEIN, JACK 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/V DINERSTEIN, TH 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/D/S CALTAGIRONE, VINCENT T. 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T HUSMANN, RANDALL 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)