2001 UNIFORM BUSINESS REPORT (UBR)

002915 IN

DOCUMENT # A00000000835

1. Entity Name

NISAN REALTY LTD.

FILED

01 APR 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC H3Z1R-2 OC	ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC H3Z1R-2 OC

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ 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
COBB, THOMAS C ESQ COBB & EBIN PA 1399 SW FIRST AVENUE SUITE 301 MIAMI FL 33130	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. Capital Contributions as Shown on record. $2,100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F96000004565 DALFEN SUNPLEX ENTERPRISES INC. 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC H3Z1R-2	STREET ADDRESS CITY-ST-ZIP	500004162135--5 -05/08/01--01073--002 ****526.25 ****526.25
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CR2E003 (11/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Murray Dalfen 4/12/01 514-938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #