

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021423 IN

**DOCUMENT # A00000000835**

1. Entity Name  
**NISAN REALTY LTD.**

FILED

02 APR 11 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC H3Z1R-2 OC	Mailing Address ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC H3Z1R-2 OC
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **98-0225980**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COBB, THOMAS C ESQ**  
**COBB & EBIN PA**  
**1399 SW FIRST AVENUE SUITE 301**  
**MIAMI FL 33130**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	<b>F96000004565</b> <b>DALFEN SUNPLEX ENTERPRISES INC.</b> <b>4444 STE-CATHERINE OUEST SUITE 100</b> <b>WESTMOUNT, QUEBEC H3Z1R-2</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>600005289886--7</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>-04/17/02--01064--013</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>****526.25 ****526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

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: *Murray Dalfen* **MURRAY DALFEN** **MARS, 2002** **514-938-1080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #