

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000796

1. Entity Name

MISHKAN REALTY LTD.

FILED

02 MAR 25 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business  
4444 STE-CATHERINE OUEST. SUITE 100  
ATTN: MURRAY DALFEN  
WESTMOUNT QUEVEC H3Z 1R2

Mailing Address  
4444 STE-CATHERINE OUEST. SUITE 100  
ATTN: MURRAY DALFEN  
WESTMOUNT QUEVEC H3Z 1R2

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number N/A 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.  
1399 S.W. FIRST AVE.  
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. DATE

9. Capital Contributions as Shown on record. ~~\$1,750,000.00~~ 10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00 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	DALFEN CROSSROADS ENTERPRISES INC. 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEVEC H3Z 1R2	STREET ADDRESS CITY-ST-ZIP	
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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 1/02 (514) 938-1050

Date Daytime Phone #

CR2E003 (9/01)

0021414 IN

STAPLE CHECK HERE