

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A96000002226</b>	
1. Entity Name <b>TAIVAH REALTY LTD.</b>	
Principal Place of Business <b>C/O THOMAS C. COBB. ESQ. 1399 SW FIRST AVENUE. SUITE 400 MIAMI FL 33130</b>	Mailing Address <b>4444 STE CATHERINE WEST. SUITE 100 WESTMOUNT. QUEBEC H3Z 1R2 CANADA</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

**SAJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>98-0165499</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>COBB, THOMAS C ESQ. SCHARLIN, LANZETTA, COHEN, COBB &amp; EBIN 1399 S.W. FIRST AVENUE MIAMI FL 33130</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,111,371.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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>F96000006321 DALFEN SARNO ENTERPRISES INC. 4444 STE CATHERINE WEST SUITE 100 WESTMOUNT QUEBEC CANADA</b>	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 REQUIRED **3/14/00 (514) 938-1050**

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

CR2E003 (9/99)