

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020887 IN

**DOCUMENT # A96000002226**

1. Entity Name

TAIVAH REALTY LTD.

Principal Place of Business

C/O THOMAS C. COBB, ESQ.  
1399 SW FIRST AVENUE, SUITE 400  
MIAMI FL 33130

Mailing Address

4444 STE CATHERINE WEST, SUITE 100  
WESTMOUNT, QUEBEC  
H3Z 1R2 CANADA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

COBB, THOMAS C ESQ.  
SCHARLIN, LANZETTA, COHEN, COBB & EBIN  
1399 S.W. FIRST AVENUE  
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

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. \$2,111,371.00

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

DOCUMENT # F96000006321  
NAME DALFEN SARNO ENTERPRISES INC.  
STREET ADDRESS 4444 STE CATHERINE WEST SUITE 100  
CITY-ST-ZIP WESTMOUNT QUEBEC CANADA

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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\*\*\*\*535.00 \*\*\*\*535.00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/2001 (514)938-1050  
Date Daytime Phone #

FILED

01 MAR 15 AM 9:03

SECRETARY OF STATE  
TAMM FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)