

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A96000002226**

1. Entity Name

**TAIVAH REALTY LTD.**

FILED

02 MAR -6 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJA**



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>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **98-0165499**      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.  
SCHARLIN, LANZETTA, COHEN, COBB & EBIN  
1399 S.W. FIRST AVENUE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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		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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100005098981--2 -03/13/02--01022--008 ****535.00 ****535.00</b>
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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)(l), 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**      Feb/1/02 (514) 938-1050

0021407 IN

CR2E003 (9/01)

STAPLE CHECK HERE