

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002046**

1. Entity Name

COMMANDMENT REALTY LTD.

FILED

01 MAR 16 AM 11:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**4444 STE-CATHERINE OUEST
SUITE 100. WESTMOUNT H3Z 1R2 QUEBEC
CANADA
OC**

Mailing Address
**4444 STE-CATHERINE OUEST
SUITE 100. WESTMOUNT H3Z 1R2 QUEBEC
CANADA
OC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **98-0178263**
Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000,000.00**
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 #	F97000005599		STREET ADDRESS	
NAME	DALFEN CASCADES ENTERPRISES, INC.		CITY-ST-ZIP	
STREET ADDRESS	4444 STE-CATAHERINE OUEST, SUITE 100			
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA			
DOCUMENT #			STREET ADDRESS	500003889105--2
NAME			CITY-ST-ZIP	-03/20/01--01111--009
STREET ADDRESS				*****535.00 *****535.00
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

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** **2/28/01** **(514) 938-1050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)