

2002 UNIFORM BUSINESS REPORT (UBR)

0021380
N

DOCUMENT # A97000002046

1. Entity Name

COMMANDMENT REALTY LTD.

FILED
02 MAR -6 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJK



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

98-0178263

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

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
NAME DALFEN CASCADES ENTERPRISES, INC.
STREET ADDRESS 4444 STE-CATAHERINE OUEST, SUITE 100
CITY-ST-ZIP WESTMOUNT QUEBEC CANADA

STREET ADDRESS

CITY-ST-ZIP

300005099483--6

-03/13/02--01031--041

****\$35.00 ****\$35.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

Feb 1/02 (514) 938-1050

CR2E003 (9/01)

STAPLE CHECK HERE