

2002 UNIFORM BUSINESS REPORT (UBR)

0021398 IN

DOCUMENT # A98000002065

1. Entity Name

HALLEL REALTY LTD.

FILED

2002 APR 29 PM 5:46

DIVISION OF CORPORATIONS
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

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

98-0194185

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 ESQUIRE
COBB & EBIN P.A.
1399 SW FIRST AVE., SUITE 301
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.

\$3,801,060.00

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 # F98000004807
NAME DALFEN FOUNTAIN OAKS ENTERPRISES INC.
STREET ADDRESS 4444 STE-CATHERINE OUEST, SUITE 100
CITY-ST-ZIP CANADA

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CR2E003 (9/01)

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:

M. L. DALFEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

April 18/2002 514-9381049