## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700005599  1. Entity Name  DALFEN CASCADES ENTERPRISES INC.						oroni Ti	ILED	CTATE	
						SECRETARY OF STATE DIVISION OF CORPORATIONS			
		- Orac Ashrica				00 MAR 2	4 AM	11: 10	
Principal Place of Business Mailing Address			WEST 4100						
	ierine west #100 Iuebec Canada H3Z- 1R2	4444 STE CATHERINE WEST #100 WESTMOUNT QUEBEC CANADA H3Z							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	TḤIS SPA	/CE	
City & State		Gity & State			4. ₹	El Number 98-0178264	· · ·		plied For t Applicable
Zip Country		Zip Coun		try 5. Certificate of Status		Certificate of Status Desired		3.75 Addi e Required	itional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. N	lame and Address of New Regis			
	•			Name		-			
COBB, THOMAS C 1399 SW FIRST AVENUE SUITE 400				Street Address (P.O. Box Number is Not Acceptable)					
MIAN	₦ FL 33130			City			FL	Zip Code	<del></del>
8 The above	named entity submits this statement fo	r the purpose of changing it	s renister	ed office or re	nistered age	ent, or both, in the State of Florida			
Tax filing r	Signature, typed or printed name of registered agent or printed in the properties of the second seco		!!! FEE 000 Fee		.00	nstating)  10. Election Campaign Financi Trust Fund Contribution.	DATE ng		May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		. AD	I DITIONS/CHANGES TO OFFICER	RS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS	PSTD DALFEN, MURRAY 4444 ST CATHERINE WEST #10	☐ Delete	TITE NAM STR			50000319 -04/04/00	957		
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA		CIL	Y-ST-ZIP		<u>****158.</u>	75 ¥	*** 5	8 <del>.7</del> 5
TITLE NAME		☐ Delete	TITL NAM	1				Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					L	_ Change	Addition .
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NAME STREET ADDRESS CITY-ST-ZIP			NAN STR						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		- I			С	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Γ	Change	Addition
13. I hereby of indicated of the cor	Lectify that the information supplied with lon this report or supplemental report is poration or the receiver or trustee emporation, or on an attachment with an address, to the contract of the contract o	strue and accurate and that owered to execute this repor	my signa t as requ	ature shall have	e the same I	legal effect as it made under oath:	that I am	an officer (	or director 1

SIGNATURE AND TYPED OF DERINTED NAME OF SIGNING OFFICER OR DIRECTOR