

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # A30994**

1. Entity Name

**ANRO INTERNATIONAL, LTD.**

**FILED**

**02 MAY -1 PM 4:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**%HANAN BEN ZEEV STOCKNOFF  
2414 MANDEN TRIAL  
WINTER PARK FL 32789**

Mailing Address

**%HANAN BEN ZEEV STOCKNOFF  
2414 MANDEN TRIAL  
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3033720**

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

**DUNEGAN, STEPHEN D., ESQ.  
215 N. EOLA DR.  
ORLANDO FL 32801**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$6,500.00**

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 #	<b>P96000032126</b>
NAME	<b>I.Y.A.A., INC.</b>
STREET ADDRESS	<b>2414 MANDAN TRAIL</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>100005503651--0</b>
CITY-ST-ZIP	<b>-05/10/02--01080--027 *****88.75 *****88.75</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>100005503651--0</b>
	<b>-05/10/02--01080--028</b>
	<b>BK *****52.50 *****52.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **RESIGNED IYAA INC 4/12/02 4076295875**

Date

Daytime Phone #