

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30994**

1. Entity Name  
**ANRO INTERNATIONAL, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -7 PM 2:12

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.

**DUE BY MAY 1, 2003**

City & State

City & State

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

7. Name and Address of New Registered Agent

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

Name  
**ROA BEN-ZEEV**

Street Address (P.O. Box Number is Not Acceptable)

**2414 MANDEN TRIAL**

City  
**Winter Park**

FL

Zip Code  
**32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**ROA BEN-ZEEV**

DATE

**4/24/03**

9. Capital Contributions  
as Shown on record.

**\$6,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P98000032126**  
NAME **I.Y.A.A., INC.**  
STREET ADDRESS **2414 MANDEN TRIAL**  
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500018454735**  
**05/07/03--01072--002 \*\*52.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500018454735**  
**07/07/03--01022--023 \*\*88.75**

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/24/03 I.Y.A.A. INC. ROA BEN-ZEEV Partner**

Date

Daytime Phone #

CR2E003 (10/02)

0000315 AV