

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001619**

1. Entity Name

**ARANTA LIMITED PARTNERSHIP**

Principal Place of Business

**123 THORNTON DRIVE  
WEST PALM BEACH FL 33418**

Mailing Address

**123 THORNTON DRIVE  
WEST PALM BEACH FL 33418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0693531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

**DUE BY MAY 1, 2002**



6. Name and Address of Current Registered Agent

**ANTONIOU, IRENE D  
123 THORNTON DRIVE  
WEST PALM BEACH FL 33418**

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.

**\$342,607.66**

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

DOCUMENT # **P96000069549**  
NAME **ARANTA CORPORATION**  
STREET ADDRESS **123 THORNTON DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100005022321--2**  
**02/25/02 01089-007**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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.

**ARANTA CORPORATION, A FLORIDA CORPORATION**  
By: **Rita M. Schnettler, Vice President**

SIGNATURE: *Rita M. Schnettler*

2/13/02 (630)932-5700 x 310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0011363 A1

FILED

02 FEB 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA