

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008241 AF

DOCUMENT # **A97000000607**

1. Entity Name

**ALTEN LIMITED PARTNERSHIP**

Principal Place of Business

**10180 CAMINO DEL DIOS  
DELRAY BEACH FL 33446**

Mailing Address

**10180 CAMINO DEL DIOS  
DELRAY BEACH FL 33446**

**FILED**  
**01 MAR 26 PM 1:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**9541 Fox Trot Lane**

3. Mailing Address

**9541 Fox Trot Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-0735498**

Applied For  
Not Applicable

Zip

**33496**

Country

**USA**

Zip

**33496**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALTEN, STEVEN R**

**10180 CAMINO DEL DIOS  
DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name

**Steve Alter**

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

**9541 Fox Trot Lane**

City

**Boca Raton**

**FL**

Zip Code

**33496**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**2/8/01**

DATE

9. Capital Contributions  
as Shown on record.

**\$3,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**0**

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 # **P97000020844**  
NAME **MEGALODON, INC.**  
STREET ADDRESS **10180 CAMINO DEL DIOS**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**4000003932414--6**

**-03/30/01--01109--023**

**\*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/8/01** **581-638-8622**  
Date Daytime Phone #

**Steve Alter**

CR2E003 (11/00)