

2001 UNIFORM BUSINESS REPORT (UBR)

0000922 AT

DOCUMENT #	A99000001030
1. Entity Name	
KRUSE ENTERPRISES, LTD.	

Principal Place of Business	Mailing Address
5439 N.W. 36TH ST.	5439 N.W. 36TH ST.
MIAMI FL 33166	MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

FILED
01 AUG 15 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 26, 2001			
4. FEI Number		65-0938054	
		Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRUSE, ANTHONY E	Name
C/O U.S. AIRMOTIVE HOLDINGS	Street Address (P.O. Box Number is Not Acceptable)
5439 N.W. 36TH ST.	
MIAMI SPRINGS FL 33166	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000057792	STREET ADDRESS	6000004539046--9
NAME	ANTRO, INC.	CITY-ST-ZIP	-08/17/01--01004--001
STREET ADDRESS	5439 N.W. 36TH STREET		****141.25 ****141.25
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Anthony E. Kruse* **8-6-2001**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) Date Daytime Phone #

CR2E003 (5/01)