

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000763 AT

DOCUMENT # **A99000001030**

1. Entity Name

**KRUSE ENTERPRISES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL 29 AM 9:51

4/1/30

Principal Place of Business

Mailing Address

5439 N.W. 36TH ST.  
MIAMI FL 33166

5439 N.W. 36TH ST.  
MIAMI FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number

**65-0938054**

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

**KRUSE, ANTHONY E  
C/O U.S. AIRMOTIVE HOLDINGS  
5439 N.W. 36TH ST.  
MIAMI SPRINGS FL 33166**

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

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$646,074.00**

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 # **P99000057792**  
NAME **ANTRO, INC.**  
STREET ADDRESS **5439 N.W. 36TH STREET**  
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

STREET ADDRESS

CITY-ST-ZIP

**500006761015--9**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-07/30/02--01049--002**

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

5439 NW 36 ST. MIAMI SPRINGS, FL 33166 USA  
PH 305.885.4991 FAX 305.887.2405  
sales@usairmotive.com



# Fax

To: Whom It May Concern From: Adrienne Grella  
Fax: \_\_\_\_\_ Pages: 1  
Phone: \_\_\_\_\_ Date: 7/23/02  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

We never received the original  
Notice, please waive any late fees  
or penalty. This late notice was the  
first and only one we received.  
Thank you for your assistance

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DIVISION OF CORPORATIONS  
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