

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057792

1. Entity Name

ANTRO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90045 021 ***150.00

Principal Place of Business

Mailing Address

THEEREL BAISDEN, P.A.
SUNTRUST INTL CNTR-ONE SE 3RD AVE.S#2400
MIAMI FL 33131

THEEREL BAISDEN, P.A.
SUNTRUST INTL CNTR-ONE SE 3RD AVE.S#2400
MIAMI FL 33131

834480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5439 NW 36th STREET 5439 NW 36th STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

MIAMI SPRINGS FL

MIAMI SPRINGS FL

4. FEI Number

Applied For

65-0937980

Not Applicable

Zip

Country

Zip

Country

33166

MIAMI - DADE

33166

MIAMI - DADE

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

DANIELS, NICHOLAS M
THEEREL BAISDEN, P.A.
SUNTRUST INTL CNTR-ONE SE 3RD AVE.S#2400
MIAMI FL 33131

Name

ANTHONY E. KRUSZEWSKI

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

5439 NW 36th STREET

City

MIAMI SPRINGS

FL

Zip Code

33166

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 x ANTHONY E. KRUSZEWSKI

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

DATE 4-10-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	KRUSZEWSKI, ANTHONY E	5439 SW 36TH ST MIAMI SPRINGS FL 33166	
	D	KRUSZEWSKI, ROSE	5439 NW 36TH ST MIAMI SPRINGS FL 33166	
	D	KRUSZEWSKI, JOHN	5439 NW 36TH ST MIAMI SPRINGS FL 33166	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY E. KRUSZEWSKI

Date

Daytime Phone #

4-10-00 305-885-4991