

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000004585**

1. Entity Name

RESTAURANT REENGINEERING SERVICES & TECHNOLOGIES**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90174 049 ***158.75

00004752

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2705 NW 104 AVENUE
SUITE 207
SUNRISE FL 33322
US2705 NW 104 AVENUE
SUITE 207
SUNRISE FL 33322-1980
US

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

65-0605306

Applied For

Not Applicable

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****LEVINE, RICHARD**
2705 NW 104 AVENUE
SUITE 207
SUNRISE FL 33322

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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
	PCVS			
	LEVINE, RICHARD			
	2705 104TH AVE #207			
	SUNRISE FL 33322			
	T			
	LEVINE, RICHARD			
	2705 NW 104TH AVE #207			
	SUNRISE FL 33322			

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:*Richard Levine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*January 10, 2000*
Date*(972) 679 8012*
Daytime Phone #

CR2E034 (9/99)