

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-23-2002 90084 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000040892**
 1. Entity Name
STRATEGIC RESTAURANT ENGINEERING, INC.

Principal Place of Business 1428 BRICKELL AVE. SUITE 401 MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE. SUITE 401 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 33-0724244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**V. MARK GODWARD
 13790 N.W. 4TH STREET
 SUITE 108
 FORT LAUDERDALE FL 33325**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue, Ste. 401
City miami	FL Zip Code 33131

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 *V. M. Godward*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME D V. MARK GODWARD	STREET ADDRESS 13790 N.W. 4TH STREET #108	<input type="checkbox"/>
CITY-ST-ZIP FORT LAUDERDALE FL 33325		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP	1428 Brickell Avenue, Ste. 401		
	Miami, FL 33131		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP			
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP			
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP			

CR2E034 (9/01)

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: *V. M. Godward* **4/30/08** **(305) 579-5880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #