2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000069076

DOCUMENT #



Mar 20, 2003 8:00 am Secretary of State

1. Entity Name STRATEGIC RECOVERY TEAM, INC.									03-2	0-2003 9	90121 (049 ***1	.50.	00	
Principal Place of Business 401 SE 12TH ST FT LAUDERDALE FL 33316 Mailing Address 401 SE 12TH ST FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316															
2. Principal Place of Business				3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING C							
City & State	е		City & State				4	4. FEI Number 65-0962936					Applied For Not Applicable		
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired				- ree.riequileu				
	6. Name	and Address of Current	t Registere	ed Agent			. 7	. Name a	and Address	of New Re	gistered	Agent			4
						Name									1
LEWIS, DANIEL 401 SE 12TH STREET							Street Address (P.O. Box Number is Not Acceptable)								
	JDERDALE														
						City	,				F	_	Code		
	named entity ions of regist	y submits this statement f ered agent	or the purp	ose of changing its	registere	ed office or re	egistered	agent, or	both, in the S	tate of Floi	rida. Tan	n tamiliar v	ritn, a	ina accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	it and title if app	olicable. (NOTE	: Registered	d Agent signature	required whe	en reinstating)		DATE	 			
	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State														
ో After	r May 1, 200	3 Fee will be \$550.00	of State					9.	Election Cam Trust Fund C					May Be to Fees	
ో After	r May 1, 200	3 Fee will be \$550.00	of State		11.					ontribution	١.	☐ Āī	bebb	to Fees	-
After Make Check	r May 1, 200	03 Fee will be \$550.00 o Florida Department o	of State			: [Trust Fund C	ontribution	١.	☐ Āī	ORS	to Fees	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all ether like empowered.

SIGNATURE:

د و الله الله SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daniel Lew's

CR2E034 (10/02)