

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 009 ***150.00

DOCUMENT # 333165

1. Entity Name
QSR, INC.



Principal Place of Business
**6300 N.W. 31ST AVENUE
FT. LAUDERDALE, FL 33309**

Mailing Address
**6300 N.W. 31ST AVENUE
FT. LAUDERDALE, FL 33309**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1407163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES
201 SOUTH BISCAYNE BLVD, SUITE 3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERLYN, DONALD F
STREET ADDRESS	6300 NW 31ST AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	VTSD
NAME	WODA, JERRY
STREET ADDRESS	6300 NW 31ST AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	CCEO
NAME	LORBER, HOWARD
STREET ADDRESS	1400 OLD COUNTRY RD
CITY-ST-ZIP	WESTBURY, NY 11590

TITLE	EV
NAME	NORBITZ, WAYNE
STREET ADDRESS	1400 OLD COUNTRY RD
CITY-ST-ZIP	WESTBURY, NY 11590

TITLE	VF
NAME	PALEY, CARL
STREET ADDRESS	1400 OLD COUNTRY RD
CITY-ST-ZIP	WESTBURY, NY 11590

TITLE	VTAS
NAME	DEVOS, RONALD
STREET ADDRESS	1400 OLD COUNTRY RD
CITY-ST-ZIP	WESTBURY, NY 11590

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

9549730000
Daytime Phone #