

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-06-2003 90065 018 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005041

1. Entity Name
QAL, LLC

2. Principal Place of Business
 **3901 ISLAND ESTATES DR.
 AVENTURA, FL 33160**

Mailing Address
**POST OFFICE BOX 33160
 NORTH MIAMI BEACH, FL 33160**

Not Correct
**P.O. Box 601011
 N. Miami Beach
 Fla.
 33160**

44003361

3. Principal Place of Business

Mailing Address
**P.O. Box 601011
 N. Miami Beach
 Fla.
 33160**



CHECK HERE IF MAKING CHANGES

City and State

Zip

Country

33160

Country

4. FFI Number
65-0637756

Approved For
 Not Applicable

5. Certificate of Status Expired \$5,000 Add-on's
 Fee Required

6. Name and Address of Current Registered Agent

**CHAMBER, HARVEY ESQ.
 1800 MAY CORPORATE BLVD., SUITE 301 WEST
 BOCA RATON, FL 33431**

Name

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

City

FL

Zip Code

7. The above report only submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am forming up, and accept the obligations of registered agent.

SIGNATURE

Signature of the person authorized to sign this report on behalf of the registrant

Signature of Registered Agent (Required if changing)

Date

8. MANAGING MEMBER / MANAGER

ADDITIONS/CHANGES

MANAGING MEMBER / MANAGER	ADDITIONS/CHANGES
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Manager Gary Cohen 3901 Island Estates Dr Aventura Fla 33160	<input type="checkbox"/> Corp <input type="checkbox"/> Member
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Street Address City and State	<input type="checkbox"/> Corp <input type="checkbox"/> Member
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Street Address City and State	<input type="checkbox"/> Corp <input type="checkbox"/> Member
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Street Address City and State	<input type="checkbox"/> Corp <input type="checkbox"/> Member
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Street Address City and State	<input type="checkbox"/> Corp <input type="checkbox"/> Member
Title <input type="checkbox"/> Corp <input type="checkbox"/> Member Name Street Address City and State	<input type="checkbox"/> Corp <input type="checkbox"/> Member

11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a managing member or manager of the limited liability company of the registrant at the time this report is required by Chapter 605, Part 1, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

5/1/03 305-935-9206

Signature and Title of Person Authorized to Sign this Report on Behalf of the Registrant

Date

Phone Number

Checked (1/03)