

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000034682

FILED
Mar 22, 2003
Secretary of State

Entity Name: QUALITY FREIGHT SYSTEMS, LLC

Current Principal Place of Business:

2700 N. MILITARY TRAIL, SUITE 410
BOCA RATON, FL 334311809

New Principal Place of Business:

2700 N. MILITARY TRAIL, SUITE 410
BOCA RATON, FL 33431

Current Mailing Address:

2700 N. MILITARY TRAIL, SUITE 410
BOCA RATON, FL 334311809

New Mailing Address:

2700 N. MILITARY TRAIL, SUITE 410
BOCA RATON, FL 33431

FEI Number: 30-0137059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NISSENFELD, ROBERT
2700 N. MILITARY TRAIL, SUITE 410
ROSEMONT FARMS CORP
BOCA RATON, FL 334311809

Name and Address of New Registered Agent:

NISSENFELD, ROBERT
2700 N. MILITARY TRAIL, SUITE 410
ROSEMONT FARMS CORP
BOCA RATON, FL 33431

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:

03/22/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SCHWARTZ, ANDREW
Address: 4949 NW 23 CT
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Change (X) Addition
Name: BRODIE, DON
Address: 400 SE 5 AVE N-1003
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW SCHWARTZ

MGR

03/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date