

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054434

1. Entity Name

QUALITY CLUB, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 028 ***150.00

Principal Place of Business

Mailing Address

~~8181 W BROWARD BLVD. SUITE 360~~
~~PLANTATION FL 33324~~

~~8181 W BROWARD BLVD. SUITE 360~~
~~PLANTATION FL 33324 2049~~

2. Principal Place of Business

3. Mailing Address

8258 N.W. ^{36th} PL
 Suite, Apt. #, etc.

8258 N.W. ^{36th} PL
 Suite, Apt. #, etc.

City & State
 SUNRISE FL

City & State
 SUNRISE FL

Zip
 33351

Country
 USA

Zip
 33351

Country
 USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKEN, CHARLES D
 8181 W BROWARD BLVD, SUITE 360
 PLANTATION FL 33324

Name Gil Steel
 Street Address (P.O. Box Number is Not Acceptable)
 8258 N.W. 36th PLACE
 City SUNRISE FL Zip Code 33351

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 Charles D. Franken
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELL, IGAL 8181 W BROWARD BLVD, SUITE 360 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELL, GILL 8181 W BROWARD BLVD, SUITE 360 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUSSERIE, MOSHE 8181 W BROWARD BLVD, SUITE 360 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADONI, SARHA 8181 W BROWARD BLVD, SUITE 360 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IGAL STELL 6841 N.W. 45th CT. LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GIL STEEL 8258 N.W. 36th PL SUNRISE, FL 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOUSSERIE, MOSHE 360 Valleyview Dr PARAMUS NJ 07652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAH ADONI 369 Valleyview Dr PARAMUS NJ 07652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gil Steel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (954) 742-5873
 Date Daytime Phone #

CR2E034 (9/99)