

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000054434**1. Entity Name
QUALITY CLUB, INC.Principal Place of Business
8258 N.W. 36TH PL
SUNRISE FL 33351Mailing Address
8258 N.W. 36TH PL
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**☒ Applied For
☐ Not Applicable5. 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

STEEL, GIL
8258 N. W. 36TH PLACE
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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 '1

TITLE **D** ☐ Delete
NAME **STELL, IGAL**
STREET ADDRESS **6841 NW 45TH ST.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33310**TITLE **VICE-PRESIDENT** ☒ Change ☒ Addition
NAME
STREET ADDRESS **8258 N.W. 36th Place**
CITY-ST-ZIP **Sunrise, FL 33351**TITLE **D** ☐ Delete
NAME **STEEL, GIL**
STREET ADDRESS **8258 NW 36TH PL**
CITY-ST-ZIP **SUNRISE FL 33351**TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **STEEL, GIL**
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOUSSERIE, MOSHE**
STREET ADDRESS **360 VALLEYVIEW AVE**
CITY-ST-ZIP **PARAMUS NJ 07652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ADONI, SARHA**
STREET ADDRESS **369 VALLEYVIEW AVE**
CITY-ST-ZIP **PARAMUS NJ 07652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGIL STEEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01

Date

(954) 742-5873

Daytime Phone #

CR2E034 (5/01)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) QUALITY CLUB, INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name NA
4a Mailing address (street address) (room, apt., or suite no.) 8258 N.W. 36th PLACE	5a Business address (if different from address on lines 4a and 4b) NA
4b City, state, and ZIP code SUNRISE FL 33351	5b City, state, and ZIP code NA
6 County and state where principal business is located BROWARD COUNTY, FL	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► 577-21-2687 IGAL STELL - VICE PRESIDENT	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ► SubChapter S
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)		<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input checked="" type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____	
	<input type="checkbox"/> Other (specify) ► _____	

10 Date business started or acquired (month, day, year) (see instructions) 1/1/99	11 Closing month of accounting year (see instructions) 12/31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	NONE - N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► real estate management
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ► _____		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____		

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (mo., day, year) 10/15/01	City and state where filed Ft. Lauderdale, FL
Previous EIN _____	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (850) 217-1170
	Fax telephone number (include area code) (954) 749-7701
	Name and title (Please type or print clearly.) ► IGAL STELL, VICE PRESIDENT

Signature ►	Date ► 10/15/01
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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B"H
8258 N.W. 36th Place
Sunrise, Florida 33351
October 17, 2001

Florida Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: QUALITY CLUB, INC.
Reference Number: P99000054434

Dear Sir or Madam:

Thank you for your correspondence regarding the reinstatement of QUALITY CLUB, INC. Please be advised that we have filed with the Internal Revenue Service the appropriate SS-4 form, which is the application for the corporation's Federal Employer Identification (FEI) Number, to comply with the request in the State's letter to us dated September 19, 2001. For your reference and as proof that we have complied, I have enclosed a copy of the form that we have filed with the Internal Revenue Service.

As I explained to your representative Marika in a telephone conversation of today, unfortunately, we have not yet received the number. As I explained to Marika, after attempting to contact the IRS unsuccessfully by telephone for several days, we finally sent, by U. S. Mail, the form to the Internal Revenue Service on October 15, 2001. I advised Marika that once we receive the FEI number from the IRS, we will contact the State immediately to provide the number. Marika advised me to write a letter and explain all of this to your office.

Please accept our explanation and promise to submit the FEI number in the near future.

Please call me if you have any questions regarding the above.

Thank you for your consideration.

Very truly yours,


Igal Stell
Vice President