

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90561 050 ***150.00

0216761 AV

DOCUMENT # L23040

1. Entity Name
CRESCENT HEIGHTS X, INC.

Principal Place of Business 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132	Mailing Address 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132
---	---

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2930 Biscayne Blvd	3. Mailing Address 2930 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0191625	Applied For <input type="checkbox"/> Not Applicable
Zip 33137	Country USA	Zip 33137	Country USA

6. Name and Address of Current Registered Agent CHRISTENBURY, SHARON 555 NE 15TH ST., SECOND FLOOR SUITE 100 MIAMI FL 33132	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C KAHN, SONNY 555 NE 15 STREET MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 2930 Biscayne Blvd Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALBUT, RUSSELL 555 NE 15 STREET MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 2930 Biscayne Blvd Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DACHOH, SHLOMO 555 NE 15 STREET MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 2930 Biscayne Blvd Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZDON, JOSEPH 555 NE 15TH ST., SECOND FLOOR MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 2930 Biscayne Blvd Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENBURY, SHARON 555 NE 15TH ST., SECOND FLOOR MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 2930 Biscayne Blvd Miami FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Sharon Christenbury, Vice President** 305-374-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)