

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90143 036 ***150.00

DOCUMENT # **L23040**

1. Entity Name
CRESCENT HEIGHTS X, INC.



Principal Place of Business
**2930 BISCAYNE BLVD
MIAMI FL 33137**

Mailing Address
**2930 BISCAYNE BLVD
MIAMI FL 33137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0191625

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTENBURY, SHARON
555 NE 15TH ST., SECOND FLOOR
SUITE 100
MIAMI FL 33132**

Name
SHARON CHRISTENBURY, ESQ

Street Address (P.O. Box Number is Not Acceptable)
2930 BISCAYNE BOULEVARD

City **MIAMI** FL **33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	KAHN, SONNY	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132 33137	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	DACHOH, SHLOMO	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZDON, JOSEPH	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTENBURY, SHARON	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE A MENIN, JR. VP.	
STREET ADDRESS	2930 BISCAYNE BLYD.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pablo de Almagro	
STREET ADDRESS	2930 Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHARON CHRISTENBURY, VP** 4/22/03 305-874-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)