

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90175 023 ***150.00

DOCUMENT # L61382

1. Entity Name
CRESCENT HEIGHTS SALES, INC.

Principal Place of Business 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 999 WASHINGTON AVENUE MIAMI BEACH FL 33139-5015
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0180033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALBUT, ABRAHAM A
999 WASHINGTON AVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Sharon Christenbury, Esq.
 555 N.E. 15th Street, Second Floor
 Miami, Florida 33132
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of...
 SIGNATURE Signature typed or printed name of registered agent and title if applicable

Sharon Christenbury, Esq.
 555 N.E. 15th Street, Second Floor
 Miami, Florida 33132

Florida.
 DATE **4/28/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GALBUT, ABRAHAM 999 WASHINGTON AVE. MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete GALBUT, RUSSELL 999 WASHINGTON AVE MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete KAHN, SONNY 999 WASHINGTON AVE MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GUTIRREZ, MIGUEL 555 NE 15 ST- 2ND FLR MIAMI FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/00** Daytime Phone # **3053745700**

CR2E034 (9/99)