

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90978 019 ***150.00

0170311

DOCUMENT # L61382

1. Entity Name
CRESCENT HEIGHTS SALES, INC.

Principal Place of Business Mailing Address
999 WASHINGTON AVENUE **999 WASHINGTON AVENUE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0180033** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTENBURY, SHARON
555 N.E. 15 STREET SECOND FLOOR
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 _____
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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	GALBUT, ABRAHAM	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAHN, SONNY	
STREET ADDRESS	999 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUTIRREZ, MIGUEL	
STREET ADDRESS	555 NE 15 ST- 2ND FLR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Christenbury	
STREET ADDRESS	555 NE 15 ST 2ND FL	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Zdon	
STREET ADDRESS	555 NE 15 ST. 2ND FL	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shlomo Dacton	
STREET ADDRESS	555 NE 15 ST. 2ND FL	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	SVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce A. Nenin	
STREET ADDRESS	555 NE 15 ST. 2ND FL	
CITY-ST-ZIP	Miami, FL 33132	

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: **JOSEPH Zdon Treas.**

Date: **4/20/01** Daytime Phone #: **(305) 374-5700**

CR2E034 (10/00)