

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90561 019 \*\*\*150.00

0228715 AV

**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  
*2930 Biscayne Blvd*      *2930 Biscayne Blvd*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
*Miami FL*      *Miami FL*  
 Zip      Country      Zip      Country  
*33137*      *USA*      *33137*      *USA*

4. FEI Number      Applied For  
**65-0180033**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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 \_\_\_\_\_ 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)

**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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENBURY, SHARON 555 NE 15TH STREET, 2ND FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALBUT, RUSSELL 999 WASHINGTON AVE MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAHN, SONNY 999 WASHINGTON AVE MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZDON, JOSEPH 555 NE 15 ST- 2ND FLR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DACLOH, SHLOMO 555 NE 15TH STREET, 2ND FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD MENIN, BRUCE A 555 NE 15TH STREET, 2ND FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2930 Biscayne Blvd</i> <i>Miami FL 33137</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2930 Biscayne Blvd</i> <i>Miami FL 33137</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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*      **Sharon Christenbury, Vice President**      *4/15/02*      **305-374-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)