

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

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

05-02-2003 90143 037 \*\*\*150.00

**DOCUMENT # L61382**



1. Entity Name  
**CRESCENT HEIGHTS SALES, 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 **65-0180033**

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 N.E. 15 STREET SECOND FLOOR  
MIAMI FL 33132**

Name **SHARON CHRISTENBURY, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2930 BISCAYNE BOULEVARD**  
City **MIAMI** FL Zip Code **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 **SHARON CHRISTENBURY, ESQ.** DATE **4/22/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VP	<input type="checkbox"/> Delete
NAME	CHRISTENBURY, SHARON	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KAHN, SONNY	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZDON, JOSEPH	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	DACLOH, SHLOMO	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	MENIN, BRUCE A	
STREET ADDRESS	2930 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	A 1 0	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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** DATE **4/22/03** 305-374-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)