

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

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

05-02-2003 90204 049 ***150.00

0235106 AV

DOCUMENT # L86540

1. Entity Name
CRESCENT HEIGHTS MARKETING, 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 **65-0213486**

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

**CHRISTENBURY, SHARON ESQ
555 NE 15TH STREET SECOND FLOOR
MIAMI FL 33132**

7. Name and Address of New Registered Agent

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:  **SHARON CHRISTENBURY, ESQ** DATE: **4/28/03**

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** Delete
NAME **KAHN, SONNY**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME **Assistant Treasurer**
STREET ADDRESS **Pablo de Almagro**
CITY-ST-ZIP **2930 Biscayne Boulevard**
Miami, FL 33137

TITLE **S** Delete
NAME **DACHOH, SHLOMO**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME **SA. V. P. MENIN, BRUCE**
STREET ADDRESS **2930 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **P** Delete
NAME **GALBUT, RUSSELL**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **ZDON, JOSEPH**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **DUCHMAN, BRIAN**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **CHRISTENBURY, SHARON**
STREET ADDRESS **2930 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE Change 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: **4/28/03** DAYTIME PHONE #: **305-374-5700**

CR2E034 (10/02)