

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90561 012 ***150.00

05/12/02 AV

DOCUMENT # P98000000742

1. Entity Name
CRESCENT HEIGHTS ACQUISITIONS, INC.

Principal Place of Business 999 WASHINGTON AVE. MIAMI BEACH FL 33139	Mailing Address 999 WASHINGTON AVE. MIAMI BEACH FL 33139
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00055100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2930 Biscayne Blvd. Suite, Apt. #, etc.	3. Mailing Address 2930 Biscayne Blvd Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL	4. FEI Number 65-0806630	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33137	Country USA	Zip 33137	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTENBURY, SHARON ESQ. 555 NE 15TH ST. SECOND FLR 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	
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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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	NAME KAHN, SONNY	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 WASHINGTON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137
TITLE P	NAME GALBUT, RUSSELL	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 WASHINGTON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137
TITLE SVP	NAME MENIN, BRUCE	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 WASHINGTON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137
TITLE VP	NAME CHRISTENBURY, SHARON	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 555 NE 15 STREET 2ND FLOOR	CITY-ST-ZIP MIAMI FL 33132	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137
TITLE S	NAME DACHOH, SCHLOMO	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 WASHINGTON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137
TITLE T	NAME ZDON, JOSEPH	TITLE <input type="checkbox"/> Delete	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 555 NE 15 STREET 2ND FLOOR	CITY-ST-ZIP MIAMI FL 33132	STREET ADDRESS 2930 Biscayne Blvd	CITY-ST-ZIP Miami FL 33137

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, Vice President 5/15/02 305-374-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)