

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091189

1. Entity Name

CRESCENT HEIGHTS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90139 025 ***150.00

Principal Place of Business

Mailing Address

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

999 WASHINGTON AVE.
MIAMI BEACH FL 33139-5015

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

65-0706449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALBUT, ABRAHAM
999 WASHINGTON AVE
MIAMI BEACH FL 33139

Sharon Christenbury, Esq.
555 N.E. 15th Street, Second Floor
Miami, Florida 33132

City

FL

Zip Code

8. The above named entity submits this statement for the purp

Sharon Christenbury, Esq.
555 N.E. 15th Street, Second Floor
Miami, Florida 33132

Florida.

SIGNATURE

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

(Not a registered agent signature required when certifying)

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, 2000 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 ☐ Delete

NAME
D KAHN, SONNY
STREET ADDRESS
999 WASHINGTON AVE.
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D GALBUT, RUSSELL W
STREET ADDRESS
999 WASHINGTON AVE.
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D MENIN, BRUCE
STREET ADDRESS
999 WASHINGTON AVE.
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
VP GALBUT, ABRAHAM A
STREET ADDRESS
999 WASHINGTON AVENUE
CITY-ST-ZIP
MIAMI BCH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
T GUTIERREZ, MIGUEL
STREET ADDRESS
555 NE 15 ST 2ND FL
CITY-ST-ZIP
MIAMI FL 33132

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

3053745700

Daytime Phone #

CR2E034 (9/99)