

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000091189**

1. Entity Name

**CRESCENT HEIGHTS, INC.**

Principal Place of Business

**999 WASHINGTON AVE.  
MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVE.  
MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

**CHRISTENBURY, SHARON ESQ  
555 NE 15TH ST 2ND FL  
MIAMI FL 33132**

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

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

(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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, SONNY</b>	
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALBUT, RUSSELL W</b>	
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENIN, BRUCE</b>	
STREET ADDRESS	<b>999 WASHINGTON AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GALBUT, ABRAHAM A</b>	
STREET ADDRESS	<b>999 WASHINGTON AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, MIGUEL</b>	
STREET ADDRESS	<b>555 NE 15 ST 2ND FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Chairman /D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Pres/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Sec VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon Christenbury</b>	
STREET ADDRESS	<b>555 NE 15 ST. 2ND FL</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph Zdon</b>	
STREET ADDRESS	<b>555 NE 15 ST. 2ND FL</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shlomo Dachow</b>	
STREET ADDRESS	<b>555 NE 15 ST. 2ND FL</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	

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

**JOSEPH ZDON, TREAS.**

Date

**4/20/01**

Daytime Phone #

**(305) 3745700****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90205 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)