

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90561 025 ***150.00

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
2930 Biscayne Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
2930 Biscayne Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33137
Country
USA

City & State
Miami FL
Zip
33137
Country
USA

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

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	KAHN, SONNY	999 WASHINGTON AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
PD	GALBUT, RUSSELL W	999 WASHINGTON AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
VPD	MENIN, BRUCE	999 WASHINGTON AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
VP	CHRISTENBURY, SHARON	555 NE 15 ST. 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
T	ZDON, JOSEPH	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
S	DRCHOH, SHLOMO	555 NE 15 ST. 2ND FL	MIAMI FL 33132	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2930 Biscayne Blvd.	Miami FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature **Sharon Christenbury, Vice President** **4/5/02** **305-374-5700**
 Daytime Phone #

CR2E034 (9/01)