

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90139 038 \*\*\*150.00

**DOCUMENT # L23040**

1. Entity Name  
**CRESCENT HEIGHTS X, INC.**

Principal Place of Business

**555 NE 15 STREET  
 2ND FLOOR  
 MIAMI FL 33132**

Mailing Address

**555 NE 15 STREET  
 2ND FLOOR  
 MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0191625**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 A  
 999 WASHINGTON AVE  
 SUITE 100  
 MIAMI BEACH FL 33139**

Name

**Sharon Christenbury, Esq.  
 555 N.E. 15<sup>th</sup> Street, Second Floor  
 Miami, Florida 33132**

City

**FL**

Zip Code

8. The above named entity submits this statement for the

**Sharon Christenbury, Esq.  
 555 N.E. 15<sup>th</sup> Street, Second Floor  
 Miami, Florida 33132**

SIGNATURE

Signature typed or printed name of registered agent and title

ate of Florida.

**4/28/00**  
 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 **PD** ☐ Delete  
 NAME **KAHN, SONNY**  
 STREET ADDRESS **555 NE 15 STREET**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
 NAME **GALBUT, RUSSELL**  
 STREET ADDRESS **555 NE 15 STREET**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **DACHOH, SHLOMO**  
 STREET ADDRESS **555 NE 15 STREET**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **GUTIERREZ, MIGUEL**  
 STREET ADDRESS **555 NE 15 STREET**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Date

Daytime Phone #

**4/28/00 (305) 3748700**

CR2E034 (9/99)