

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90561 050 \*\*\*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

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2930 Biscayne Blvd

3. Mailing Address

2930 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0191625

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHRISTENBURY, SHARON  
 555 NE 15TH ST., SECOND FLOOR  
 SUITE 100  
 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	C	<input type="checkbox"/> Delete
NAME	KAHN, SONNY	
STREET ADDRESS	555 NE 15 STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL	
STREET ADDRESS	555 NE 15 STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input type="checkbox"/> Delete
NAME	DACHOH, SHLOMO	
STREET ADDRESS	555 NE 15 STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZDON, JOSEPH	
STREET ADDRESS	555 NE 15TH ST., SECOND FLOOR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTENBURY, SHARON	
STREET ADDRESS	555 NE 15TH ST., SECOND FLOOR	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Sharon Christenbury*

Sharon Christenbury, Vice President

305-374-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)