

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90561 019 ***150.00

DOCUMENT # L61382

1. Entity Name

CRESCENT HEIGHTS SALES, INC.

Principal Place of Business

**999 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

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

3. Mailing Address

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

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0180033

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 N.E. 15 STREET SECOND FLOOR
 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 **VP** ☐ Delete
 NAME **CHRISTENBURY, SHARON**
 STREET ADDRESS **555 NE 15TH STREET, 2ND FLOOR**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PD** ☐ Delete
 NAME **GALBUT, RUSSELL**
 STREET ADDRESS **999 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **CD** ☐ Delete
 NAME **KAHN, SONNY**
 STREET ADDRESS **999 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **T** ☐ Delete
 NAME **ZDON, JOSEPH**
 STREET ADDRESS **555 NE 15 ST- 2ND FLR**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **S** ☐ Delete
 NAME **DACLOH, SHLOMO**
 STREET ADDRESS **555 NE 15TH STREET, 2ND FLOOR**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **SVPD** ☐ Delete
 NAME **MENIN, BRUCE A**
 STREET ADDRESS **555 NE 15TH STREET, 2ND FLOOR**
 CITY-ST-ZIP **MIAMI FL 33132**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **2930 Biscayne Blvd**
 STREET ADDRESS **Miami FL 33137**
 CITY-ST-ZIP

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 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

Vice President 5/15/02 305-374-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)