

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90139 039 \*\*\*150.00

**DOCUMENT # L86540**

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

Principal Place of Business 999 WASHINGTON AVE. SUITE 100 MIAMI BEACH FL 33139	Mailing Address 999 WASHINGTON AVE. SUITE 100 MIAMI BEACH FL 33139-5015
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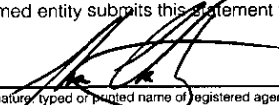
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0213486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GALBUT, ABRAHAM**  
**999 WASHINGTON AVNEUE**  
**MIAMI BCH FL 33139**

7. Name and Address of New Registered Agent  
 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 pur  
 SIGNATURE  **Sharon Christenbury, Esq.**  
**555 N.E. 15<sup>th</sup> Street, Second Floor**  
**Miami, Florida 33132**  
 of Florida. **4/28/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>KAHN, SONNY</b> <b>999 WASHINGTON AVE.</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DACHOH, SHLOMO</b> <b>999 WASHINGTON AVE.</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GALBUT, RUSSELL</b> <b>999 WASHINGTON AVE.</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUTIERREZ, MIGUEL</b> <b>555 NE 15 ST, 2ND FL</b> <b>MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MIGUEL GUTIERREZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4/28/00** Daytime Phone # **3053745700**

CR2E034 (9/99)