FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P93000075158 1. Entity Name CRESCENT HEIGHTS INVESTMENTS, INC. 5-02-2001 90135 010 ***150.00 Principal Place of Business Mailing Address 999 WASHINGTON AVE 999 WASHINGTON AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 144011 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0445086 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired نہ رابار Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTENBURY, SHARON ESQ. Street Address (P.O. Box Number is Not Acceptable) 555 NE 1TH ST.- 2ND FLR **MIAMI FL 33132** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Chairman / D M Change ☐ Addition TITLE ☐ Defete TITLE KAHN, SONNY NAME NAME 555 NE 15TH ST SECOND FL STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP Pres/D TITLE ☐ Delete TITLE Change Change Addition GALBUT, RUSSELL W NAME NAME 555 NE 15TH ST SECOND FLOOR STREET ADDRESS STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition DACHOH, SHLOMO NAME NAME 555 NE 15TH STREET SECOND FLOOR STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP VP D/SCVP TITLE ☐ Delete TITLE Change ☐ Addition MENIN. BRUCE NAME NAME 555 NE 15TH ST SECOND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP TITLE **X** Delete TITLE [] Change 🔀 Addition GOLBUT, ABRAHAM A Sharon Christenbury NAME NAME 999 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS 555 NE 15 ST. 200 FL CITY-ST-ZIP MIAMI BCH FL 33139 CITY-ST-7IP Hiami, FL 23132 TITLE 🖬 Delete TIT! F ☐ Change Addition Addition Joseph Zdon **GUTIERREZ. MIGUEL** NAME NAME 555 ne 15 st. 200 FL STREET ADDRESS 555 ME 15TH ST 2ND FL STREET ADDRESS MIAMI FL CITY-ST-ZIP Hiani, FL 33132

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 of this tee 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 a laddress, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

(305) 3745700

Daytime Phone #