

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002561

1. Entity Name

CRESCENT HEIGHTS XXXX, INC.

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

05-04-2000 90154 049 ***150.00

Principal Place of Business

Mailing Address

999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015

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

65-0458539

Applied For

Not Applicable

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

ABRAHAM A. COALBOT
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

Sharon Christenbury, Esq.
555 N.E. 15th Street, Second Floor
Miami, Florida 33132

City

FL

Zip Code

8. The above named entity submits this statement for the purpose

Sharon Christenbury, Esq.
555 N.E. 15th Street, Second Floor
Miami, Florida 33132

Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

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	D	<input type="checkbox"/> Delete
NAME	KAHN, SONNY	
STREET ADDRESS	999 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALBUT, RUSSELL W	
STREET ADDRESS	999 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	DACHOH, SHLOMO	
STREET ADDRESS	555 NE 15 ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MIGUEL	
STREET ADDRESS	555 NE 15 ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305 374 5700

CR2E034 (9/99)