

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90561 017 \*\*\*150.00

**DOCUMENT # P94000002561**

1. Entity Name

CRESCENT HEIGHTS XXXX, 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

Zip

33137

Country

USA

Zip

33137

Country

USA

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

CHRISTENBURY, SHARON ESQ.  
 555 NE 15 STREET  
 2ND 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KAHN, SONNY	999 WASHINGTON AVENUE	MIAMI BEACH FL 33139	<input type="checkbox"/>
PD	GALBUT, RUSSELL W	999 WASHINGTON AVENUE	MIAMI BEACH FL 33139	<input type="checkbox"/>
S	DACHOH, SHLOMO	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
SVPD	MENIN, BRUCE A	555 NE 15 STREET 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>
T	ZDON, JOSEPH	555 NE 15 STREET 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>
VP	CHRISTENBURY, SHARON	555 NE 15 STREET 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**  
 Signature and typed or printed name of signing officer or director

Vice President

4/15/02 305-374-5700

Date

Daytime Phone #

CR2E034 (9/01)