

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033541

1. Entity Name
CRESCENT HEIGHTS XLIII, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90978 021 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0486895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

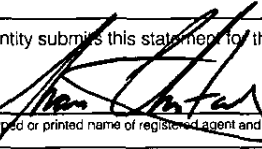
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALBUT, ABRAHAM A
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

Name Sharon Christenbury, Esq.
Street Address (P.O. Box Number is Not Acceptable)
555 NE 15 Street
2nd FL
City Miami FL Zip Code 33132

8. The above named entity submits this statement to 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 file if applicable.

SHARON CHRISTENBURY, ESQ.

4/20/01

(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, 2001 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
NAME KAHN, SONNY
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE D/Chairman
NAME D/Chairman
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☒ Change ☐ Addition

TITLE D
NAME GALBUT, RUSSELL W
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE D/Pres
NAME D/Pres
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☒ Change ☐ Addition

TITLE D
NAME SCHOLOMO, DACHOH
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE S
NAME SHLOMO DACHOH
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☒ Change ☐ Addition

TITLE VP
NAME GALBUT, ABRAHAM A
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BCH FL 33139 ☒ Delete

TITLE VP
NAME SHARON CHRISTENBURY
STREET ADDRESS 555 NE 15 STREET, 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☐ Change ☒ Addition

TITLE T
NAME GUTIERREZ, MIGUEL
STREET ADDRESS 555 NE 15TH ST 2ND FL
CITY-ST-ZIP MIAMI FL ☒ Delete

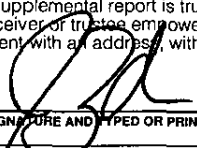
TITLE T
NAME Joseph Zdon
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sr. VP/D
NAME Bruce A. Menin
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132 ☐ Change ☒ 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:

 JOSEPH ZDON TRAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (305) 374-5700 x226
Date Daytime Phone #

CR2E034 (10/00)