

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90043 022 \*\*\*150.00

**DOCUMENT # P94000033541**

1. Entity Name

**CRESCENT HEIGHTS XLIII, 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**

3. Mailing Address

**2930 Biscayne Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

4. FEI Number

**65-0486895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRISTENBURY, SHARON ESQ  
 555 NE 15 STREET  
 2ND FLOOR  
 MIAMI FL 33132**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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	DC KAHN, SONNY 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALBUT, RUSSELL W 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOLOMO, DACHOH 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENBURY, SHARON 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZOLON, JOSEPH 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD MENIN, BRUCE A 555 NE 15 ST 2ND FL MIAMI FL 33132	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**Sharon Christenbury, Vice President**

305-374-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #  
P94000033541

April 15, 2002

To Whom It May Concern:

The address for the registered agent in Block Number 6 has been changed to:

2930 Biscayne Blvd.  
Miami, Florida 31337

Please change your records.

Thank You

Attachment  
Document #  
P44000033541

April 15, 2002

To Whom It May Concern:

The address for the registered agent in Block Number 6 has been changed to:

2930 Biscayne Blvd,  
Miami, Florida 31337

Please change your records.

Thank You