

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039039

1. Entity Name

CRESCENT HEIGHTS XLIV, INC.

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

05-04-2000 90139 023 ***150.00

Principal Place of Business

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

Mailing Address

999 WASHINGTON AVE.
MIAMI BEACH FL 33139-5015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0492460

Applied For

Not Applicable

Zip

Country

Zip

Country

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. GALBUT
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

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

e of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

D
KAHN, SONNY
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
GALBUT, RUSSELL W
555 NE 15 ST
MIAMI FL 33132

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
SCHLOMO, DACHOH
555 NE 15 ST
MIAMI FL 33132

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

VP
GALBOUT, ABRAHAM A
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

T
GUTIERREZ, MIGUEL
555 NE 15 ST 2ND FL
MIAMI FL 33132

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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

4/28/00
Date

3053745700
Daytime Phone #

CR2E034 (9/99)