

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039039

1. Entity Name

CRESCENT HEIGHTS XLIV, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90052 019 ***150.00

0171576

Principal Place of Business

Mailing Address

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

759049

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 65-0492460

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

CHRISTENBURY, SHARON ESQ
555 NE 15TH STREET SECOND FLOOR
MIAMI FL 33132

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, SONNY 999 WASHINGTON AVE. MIAMI BEACH FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBUT, RUSSELL W 555 NE 15 ST MIAMI FL 33132	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOMO, DACHOH 555 NE 15 ST MIAMI FL 33132	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALBOUT, ABRAHAM A 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, MIGUEL 555 NE 15 ST 2ND FL MIAMI FL 33132	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sharon Christenbury 555 NE 15 street 2nd FL Miami, FL 33132	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph Zdon 555 NE 15 street, 2nd FL Miami, FL 33132	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/D Bruce A. Menin 555 NE 15 ST. 2nd FL 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH ZDON, TREAS.

4/22/01

Date

(305) 3745700

Daytime Phone #

CR2E034 (10/00)