2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90561 018 ***150.00

DOCUMENT # P94000039039

1. Entity Name
CRESCENT HEIGHTS XLIV, INC.

Principal Place of Business	Mailing Address
999 WASHINGTON AVE. MIAMI BEACH FL 33139	999 WASHINGTON AVE. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2930 Biscayne Blvd Suite, Apt. #, etc.	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 65-0492460 ☐ 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KAHN, SONNY 999 WASHINGTON AVE. MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALBUT, RUSSELL W 555 NE 15 ST MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHLOMO, DACHOH 555 NE 15 ST MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTENBURY, SHARON 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZDON, JOSEPH 555 NE 15 STREET 2ND FLOOR MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MENIN, BRUCE A 555 NE 15 ST 2ND FLOOR MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2930 Biscayne Blvd Miami FL 33137

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 4/15/02 305-374-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)