

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90175 049 \*\*\*150.00

**DOCUMENT # P94000053729**

1. Entity Name

**CRESCENT HEIGHTS XLVI, INC.**

Principal Place of Business

Mailing Address

**999 WASHINGTON AVE.  
 MIAMI BEACH FL 33139**

**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

Zip

Country

Zip

Country

4. FEI Number **65-0506103**

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

Name

**Sharon Christenbury, Esq.  
 555 N.E. 15<sup>th</sup> Street, Second Floor  
 Miami, Florida 33132**

City

**FL**

Zip Code

e of Florida.

8. The above named entity submits this statement for the p

**Sharon Christenbury, Esq.  
 555 N.E. 15<sup>th</sup> Street, Second Floor  
 Miami, Florida 33132**

SIGNATURE

Signature, typed or printed name of registered agent and title

**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 **D** ☐ Delete  
 NAME **KAHN, SONNY**  
 STREET ADDRESS **999 WASHINGTON AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33319**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GALBUT, RUSSELL**  
 STREET ADDRESS **999 WASHINGTON AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33319**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **DACHOH, SHLOMO**  
 STREET ADDRESS **555 NE 15TH ST, 2ND FL**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **GUTIERREZ, MIGUEL**  
 STREET ADDRESS **555 NE 15TH ST, 2ND FL**  
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

**Miguel Gutierrez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**  
 Date

**3053745700**  
 Daytime Phone #

CR2E034 (9/99)