

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053729

1. Entity Name

CRESCENT HEIGHTS XLVI, INC.

Principal Place of Business

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

Mailing Address

999 WASHINGTON AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Pres/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP ☐ Change ☒ Addition
NAME Sharon Christenbury
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132

TITLE T ☐ Change ☐ Addition
NAME Joseph Zdon
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132

TITLE Sr. VP/D ☐ Change ☒ Addition
NAME BRUCE A. MENIN
STREET ADDRESS 555 NE 15 ST. 2ND FL
CITY-ST-ZIP Miami, FL 33132

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

4/20/01 (305) 374 5700

Date

Daytime Phone #

0171470

CR2E034 (10/00)