

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90561 016 \*\*\*150.00

**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

00000104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2930 Biscayne Blvd

3. Mailing Address

2930 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Miami FL

City & State  
 Miami FL

4. FEI Number

65-0506103

Applied For

Not Applicable

Zip  
 33137

Country  
 USA

Zip  
 33137

Country  
 USA

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, 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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 CHRISTENBURY, SHARON  
 555 NE 15TH STREET 2ND FLOOR  
 MIAMI FL 33132 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T  
 ZDON, JOSEPH  
 555 NE 15TH STREET 2ND FLOOR  
 MIAMI FL 33132 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SRVD  
 NENIN, BRUCE A  
 555 NE 15TH STREET 2ND FLOOR  
 MIAMI FL 33132 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 2930 Biscayne Blvd  
 Miami FL 33137 ☒ Change ☐ Addition

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CR2E034 (9/01)

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

Sharon Christenbury, Vice President

4/5/02 305-374-5700

Date

Daytime Phone #