# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2001 8:00 am**
**Secretary of State**
05-02-2001 90205 046 ***150.00

DOCUMENT # P96000091189

1. Entity Name
CRESCENT HEIGHTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 999 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 | 999 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 |

755155

DO NOT WRITE IN THIS SPACE

| 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 65-0706449 ☐ 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<br>555 NE 15TH ST 2ND FL<br>MIAMI FL 33132 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>KAHN, SONNY<br>999 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman /D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GALBUT, RUSSELL W<br>999 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MENIN, BRUCE<br>999 WASHINGTON AVE.<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sr.VP/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GALBUT, ABRAHAM A<br>999 WASHINGTON AVENUE<br>MIAMI BCH FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Sharon Christenbury<br>555 NE 15 ST. 2ND FL<br>Miami, FL 33132 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GUTIERREZ, MIGUEL<br>555 NE 15 ST 2ND FL<br>MIAMI FL 33132 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Joseph Zdon<br>555 NE 15 ST. 2ND FL<br>Miami, FL 33132 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Shlomo Dachoh<br>555 NE 15 ST. 2ND FL<br>Miami, FL 33132 | ☐ Change ☒ Addition |

CR2E034 (10/00)

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:** _____ JOSEPH ZDON, TREAS. 4/30/01 (305) 3745700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #