

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90561 025 ***150.00

DOCUMENT # P96000091189

1. Entity Name
CRESCENT HEIGHTS, 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
2930 Biscayne Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
2930 Biscayne Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33137
Country
USA

City & State
Miami FL
Zip
33137
Country
USA

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

CHRISTENBURY, SHARON ESQ
555 NE 15TH ST 2ND FL
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	CD	☐ Delete
NAME	KAHN, SONNY	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	☐ Delete
NAME	GALBUT, RUSSELL W	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	☐ Delete
NAME	MENIN, BRUCE	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	☐ Delete
NAME	CHRISTENBURY, SHARON	
STREET ADDRESS	555 NE 15 ST. 2ND FL	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	T	☐ Delete
NAME	ZDON, JOSEPH	
STREET ADDRESS	555 NE 15 ST 2ND FL	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	☐ Delete
NAME	DRCHOH, SHLOMO	
STREET ADDRESS	555 NE 15 ST. 2ND FL	
CITY-ST-ZIP	MIAMI FL 33132	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☒ Change	☐ Addition
NAME	2930 Biscayne Blvd.	
STREET ADDRESS	Miami FL 33137	
CITY-ST-ZIP	Miami FL 33137	
TITLE	☒ Change	☐ Addition
NAME	2930 Biscayne Blvd.	
STREET ADDRESS	Miami FL 33137	
CITY-ST-ZIP	Miami FL 33137	
TITLE	☒ Change	☐ Addition
NAME	2930 Biscayne Blvd.	
STREET ADDRESS	Miami FL 33137	
CITY-ST-ZIP	Miami FL 33137	
TITLE	☒ Change	☐ Addition
NAME	2930 Biscayne Blvd.	
STREET ADDRESS	Miami FL 33137	
CITY-ST-ZIP	Miami FL 33137	
TITLE	☒ Change	☐ Addition
NAME	Dachoh	
STREET ADDRESS	2930 Biscayne Blvd.	
CITY-ST-ZIP	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:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

Signature **Sharon Christenbury, Vice President** **4/5/02** **305-374-5700**
 Date Daytime Phone #

CR2E034 (9/01)