

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90052 038 \*\*\*150.00

**DOCUMENT # P97000109101**

1. Entity Name  
**CRESCENT HEIGHTS OF AMERICA, INC.**

Principal Place of Business  
**999 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**

Mailing Address  
**999 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0802652</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHRISTENBURY, SHARON ESQ</b> <b>555 NE 15TH ST SECOND FLOOR</b> <b>MIAMI FL 33132</b>		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 \_\_\_\_\_ 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	<b>P</b> <b>KAHN, SONNY</b> <b>999 WASHINGTON AVENUE</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GALBUT, RUSSELL</b> <b>999 WASHINGTON AVENUE</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MENIN, BRUCE</b> <b>999 WASHINGTON AVENUE</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GALBUT, ABRAHAM</b> <b>999 WASHINGTON AVENUE</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Sharon Christenbury</b> <b>555 NE 15 ST. 2ND FL</b> <b>Miami, FL 33132</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DACHOH, SCHLOMO</b> <b>999 WASHINGTON AVENUE</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUTIERREZ, MIGUEL</b> <b>555 NE 15TH ST 2ND FL</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Joseph Zdon</b> <b>555 NE 15 ST. 2ND FL</b> <b>Miami, FL 33132</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, **JOSEPH ZDON, TREAS.** Date: **4/20/01** Daytime Phone #: **(305) 374-5700**

CR2E034 (10/00)