

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000742

1. Entity Name

CRESCENT HEIGHTS ACQUISITIONS, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90077 039 ***150.00

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

4. FEI Number 65-0806630

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.
SECOND FLR
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 D
NAME KAHN, SONNY
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE D
NAME GALBUT, RUSSELL
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE D
NAME MENIN, BRUCE
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE D
NAME GALBUT, ABRAHAM A
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE D
NAME DACHOH, SCHLOMO
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE T
NAME GUTIERREZ, MIGUEL
STREET ADDRESS 555 NE 1ST STREET 2ND FL
CITY-ST-ZIP MIAMI FL 33132 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE Senior Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Vice President
NAME SHARON CHRISTENBURY
STREET ADDRESS 555 NE 15 STREET, 2ND FL
CITY-ST-ZIP MIAMI, FL 33132 ☒ Change ☒ Addition

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

TITLE Treasurer
NAME Joseph Zdon
STREET ADDRESS 555 NE 15 STREET, 2ND FL
CITY-ST-ZIP MIAMI, FL 33132 ☒ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

(205) 374-5700 Ext. 227

Daytime Phone #

CR2E034 (10/00)

0163815