

# 2001 UNIFORM BUSINESS REPORT (UBR)

01

**DOCUMENT # P98000027599**

1. Entity Name  
**CRESCENT GLOBAL INVESTMENTS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 31 PM 4:50

Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0822810</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI FL 33133**

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 \_\_\_\_\_ 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

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>SHCHERBAN, ARTEM</b>	
STREET ADDRESS	<b>191 COCONUT PALM RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARDS, TIMOTHY D ESQ</b>	
STREET ADDRESS	<b>2665 S BAYSHORE DR, STE 703</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shcherban, Artyem</b>	
STREET ADDRESS	<b>2665 South Bayshore Drive, Suite 703</b>	
CITY-ST-ZIP	<b>Miami, Florida 33133</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richards, Timothy D.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500004430875--2</b>	
STREET ADDRESS	<b>-06/19/01--01117--003</b>	
CITY-ST-ZIP	<b>***1267.50 ***150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Timothy D. Richards 4/9/01 (305) 858-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)