

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90331 020 ***150.00

1103107 AV

DOCUMENT # P00000062825

1. Entity Name
HABITAT INVESTMENT GROUP, INC.

Principal Place of Business **Mailing Address**
~~12707 S.W. 265 STREET~~ ~~12707 S.W. 265 STREET~~
~~MIAMI FL 33032~~ ~~MIAMI FL 33032~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

10350 SW 56th St *Scull*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A-201
 City & State City & State
Miami, FL

4. FEI Number **65-1022369** 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

AMKGS REGISTERED AGENTS, INC.
1980 SUNTRUST INTERNATIONAL CENTER
ONE SE THRID AVE
MIAMI FL 33131

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTRE, RAMON	NAME	<i>Mestre, Ramon</i>
STREET ADDRESS	12707 S.W. 265 STREET	STREET ADDRESS	<i>7844 SW 26th</i>
CITY-ST-ZIP	MIAMI FL 33032	CITY-ST-ZIP	<i>Miami, FL 33155</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIZ, GIL	NAME	
STREET ADDRESS	12707 S.W. 265 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTRE, CARMINA	NAME	<i>Mestre, Carmina</i>
STREET ADDRESS	12707 S.W. 265 STREET	STREET ADDRESS	<i>7844 SW 26th</i>
CITY-ST-ZIP	MIAMI FL 33032	CITY-ST-ZIP	<i>Miami, FL 33155</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIZ, MARIA	NAME	
STREET ADDRESS	12707 S.W. 265 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Mestre; D* *5/12/02* *(305) 670-7791*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)