FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90036 022 ***150.00

DOCUMENT # P01000072630

1. Entity Name

HABITAT CENTURY XXI ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16130 NW 45 Ave.	16130 NW 45 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
OPALOCKA, FL	OPALOCKA, FL
Zip 33054 Country USA	Zip 33054 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1130466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SUSANA ROSA REGNER

Street Address (P.O. Box Number is Not Acceptable): 16130 NW 45 Ave.

City: OPALOCKA FL Zip Code: 33054

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PD NAME ORLANDO SALVADOR GALATI STREET ADDRESS 16130 NW 45 Ave CITY-ST-ZIP OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE INC. NAME Susana Rosa Regner STREET ADDRESS 16130 NW 45 Ave. CITY-ST-ZIP OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SEC NAME MARIA Luisa Regner STREET ADDRESS 16130 NW 45 Ave CITY-ST-ZIP OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ ORLANDO S. GALATI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #