

**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

**16130 NW 45 Ave.**

3. Mailing Address

**16130 NW 45 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, State  
**OPALOCKA, FL**

City, State  
**OPALOCKA, FL**

FEL Number  
**65-1130466**

Applied For

Not Applicable

Zip Code  
**33054**

Country  
**USA**

Zip Code  
**33054**

Country  
**USA**

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 REYNER**

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 Reyner**  
STREET ADDRESS **16130 NW 45 Ave.**  
CITY-ST-ZIP **OPALOCKA, FL 33054**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SEC**  
NAME **MARIA Luisa Reyner**  
STREET ADDRESS **16130 NW 45 Ave**  
CITY-ST-ZIP **OPALOCKA, FL 33054**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ORLANDO S. GALATI**

Date

Daytime Phone #

CR2E034B (12/01)