

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0260983

DOCUMENT # P00000028082

1. Entity Name

MAHOGANY IMPACT WINDOWS & DOORS, INC.

05-16-2001 90045 044 ***150.00

Principal Place of Business

**2602 SOUTH DIXIE HIGHWAY
 SUITE 4B
 WEST PALM BEACH FL 33401**

Mailing Address

**2602 SOUTH DIXIE HIGHWAY
 SUITE 4B
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

2602 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

6

City & State

West Palm Beach FL

3. Mailing Address

2602 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

6

City & State

West Palm Beach FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0992325

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **JAMES A. ABRAYAYA**

Street Address (P.O. Box Number is Not Acceptable)

2602 S. DIXIE HIGHWAY

6

City

West Palm Beach

FL

Zip Code

33049

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

JAMES A. ABRAYAYA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/2001

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 **PSD** ☐ Delete
 NAME **ABRAYAYA, JAMES A**
 STREET ADDRESS **2602 SOUTH DIXIE HIGHWAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VTD** ☒ Delete
 NAME **LUQUE, JOSE L**
 STREET ADDRESS **2602 SOUTH DIXIE HIGHWAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

JAMES A. ABRAYAYA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

Daytime Phone #

CR2E034 (10/00)