

# 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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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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)