

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90152 016 ***150.00

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DOCUMENT # P00000028082

1. Entity Name

MAHOGANY IMPACT WINDOWS & DOORS, INC.

Principal Place of Business
2602 SOUTH DIXIE HIGHWAY
#6
WEST PALM BEACH FL 33401

Mailing Address
2602 SOUTH DIXIE HIGHWAY
#6
WEST PALM BEACH FL 33401



2. Principal Place of Business

7050 NW 77 CT #A-1

3. Mailing Address

7050 NW 77 CT #A-1

Suite, Apt. #, etc.

A-1

Suite, Apt. #, etc.

A-1

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0992825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAVAYA, JAMES A
2602 SOUTH DIXIE HIGHWAY
#6
CORAL GABLES FL 33134

Name

James Abravaya

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

7050 NW 77 CT #A-1

City

Miami

FL

Zip Code

33106

7. Name and Address of New Registered Agent

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ABRAVAYA, JAMES A
2602 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 Abravaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date

305-599-9295
Daytime Phone #

CR20034 (9/01)