

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101012

1. Entity Name

MAHOGANY ENTERPRISES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90088 025 ***150.00

Principal Place of Business

C/O KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 28TH FLOOR
MIAMI FL 33131

Mailing Address

C/O KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 28TH FLOOR
MIAMI FL 33131-2100

2. Principal Place of Business

MAHOGANY ENTERPRISES

3. Mailing Address

VENETA GREGORY

Suite, Apt. #, etc.

c/o Veneta Gregory

Suite, Apt. #, etc.

11236 Edgewater Circle

City & State

11236 Edgewater Circle Wellington, FL

City & State

Wellington, FL

Zip

33414

Zip

33414

Country

Palm Beach

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND ST., STE. 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name VENETA GREGORY

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

11236 Edgewater Circle

City Wellington

FL

Zip Code 33414

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 *Veneta Gregory* VENETA GREGORY

4/26/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DP
NAME GREGORY, VENETA
STREET ADDRESS 11236 EDGEWATER CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE DVST
NAME PEART, ANDREE
STREET ADDRESS 312 CLERMONT AVE
CITY-ST-ZIP BROOKLYN NY 11205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 *Andree Peart* ANDREE PEART

3/15/2000

212-7488502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)