

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**  
 09-18-2000 90024 003 \*\*\*150.00

**DOCUMENT # P99000041215**

1. Entity Name

**THE MAHOGANY HOUSE CORPORATION**

*P*

Principal Place of Business

**16030 LA COSTA DRIVE  
 WESTON FL 33326**

Mailing Address

**16030 LA COSTA DRIVE  
 WESTON FL 33326**

2. Principal Place of Business

**22 WOODHILL ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**22 WOODHILL ROAD**

Suite, Apt. #, etc.

City & State

**TRUMBULL CT**

Zip

**06611**

Country

**USA**

City & State

**TRUMBULL CT**

Zip

**06611**

Country

**USA**

4. FEI Number

**65-0930504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GLASSMAN, LEE D  
 1133 SOUTH UNIVERSITY DR, SUITE 211  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

**FILE NOW!!! FEE IS \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICCOLI, JEFFREY P JR</b>	
STREET ADDRESS	<b>16030 LA COSTA DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICCOLI, AMY L</b>	
STREET ADDRESS	<b>16030 LA COSTA DRIVE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>22 WOODHILL ROAD</b>	
CITY-ST-ZIP	<b>TRUMBULL, CT 06611</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>22 WOODHILL ROAD</b>	
CITY-ST-ZIP	<b>TRUMBULL, CT 06611</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/14/00**

Daytime Phone #

**(203)**

**306-1285**

CR2E034 (5/00)

attachment P99000041215

A0079148

**JAY SHAPIRO & ASSOC's, PA**  
**CERTIFIED PUBLIC ACCOUNTANTS**

EMAIL: JAYSHAPCPA@AOL.COM  
WEBSITE: JAYSHAPIROCPA.COM

1625 N. COMMERCE PARKWAY  
SUITE 225  
WESTON, FLORIDA 33326

MEMBER: AMERICAN & FLORIDA  
INSTITUTES OF CERTIFIED  
PUBLIC ACCOUNTANTS

**BROWARD (954) 385-6616**  
**DADE (305) 654-9989**  
**FAX (954) 385-6631**

September 7, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Mahogany House Corp.  
Document # P99000041215  
EIN # 65-0930504

Dear Sir or Madam:

We have been requested by the above-mentioned taxpayer to respond to your notice of filing the 2000 Uniform Business Report (copy attached). The taxpayer has relocated to New York and therefore did not receive the first notice of the Business Report.

Please be advised that this is an isolated incident for the taxpayer as should be reflected in the payment history of the taxpayer. Therefore, the taxpayer is enclosing the \$150 registration fee. We respectfully request that the Department accept the taxpayer's annual report without assessing the late fee.

Please contact the undersigned with any further correspondence regarding this matter.

Very truly yours,

  
Jay S. Shapiro, CPA

cc: Jeffrey Piccoli  
% Eastman Kodak Company  
420 Lexington Ave., Ste 2334  
New York, N.Y. 10170