FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # P99000041215 **Secretary of State** 1. Entity Name THE MAHOGANY HOUSE CORPORATION 03-20-2001 90056 050 \*\*\*150.00 Principal Place of Business Mailing Address 22 WOODHILL RD 22 WOODHILL RD TRUMBULL CT 06611 TRUMBULL CT 06611 817651 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0930504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLASSMAN, LEE D Street Address (P.O. Box Number is Not Acceptable) 1133 SOUTH UNIVERSITY DR, SUITE 211 PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Delete TITLE TITLE PICCOLI, JEFFREY P JR NAME NAME 22 Woodhill Road STREET ADDRESS STREET ADDRESS 16030 LA COSTA DRIVE Toumbull CT 06611 CITY-ST-ZIP CITY-ST-7IP WESTON FL 33326 TITI F ☐ Addition ☐ Delete TITLE NAME 22 woodhill Road PICCOLI, AMY L NAME STREET ADDRESS STREET ADDRESS 16030 LA COSTA DRIVE Trumbull, CT 0661 CITY-ST-ZIP CITY-ST-ZIP Weston FL 33326 ☐ Change Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR