

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000508**

1. Entity Name

CORAL MGROUP LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

C/O SOUTHEAST CENTERS
1541 SUNSET DR., STE. 300
CORAL GABLES FL 33143

Mailing Address

ATTN: ROBERT MICHAELSON
156 WEST 56TH ST., 12TH FLOOR
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address **Norman Orodener
c/o Tillinghast, Licht Perkins
Smith & Cohen, LLP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10 Weybosset St., 10th Fl.

City & State

City & State
Providence, RI

4. FEI Number

13-3840363

Applied For

Not Applicable

Zip

Country

Zip
02903

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AXELROD, ALAN D
C/O BILZIN SUMBERG DUNN & AXELROD LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131**

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000017657**
NAME **CORAL MGP CORP.**
STREET ADDRESS **156 WEST 56TH ST., 12TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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09/29/00-D1018-016
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Coral MGP Corp.

SIGNATURE: By **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman G. Orodener
Secretary

Date

9/11/00

401-456-1200

Daytime Phone #