

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000509**

1. Entity Name

**PGA MGROUP LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 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 Orosenker**  
**S/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

**13-3840580**

Applied For  
Not Applicable

Zip

Country

Zip

**02903**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AXELROD, ALAN D P.A.**  
**C/O BILZIN SUMBERT 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.

**N/A**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

**\$4,737,383.00**

as Shown on record

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 # **P95000017684**  
NAME **PGA 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

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

**PGAS MGP Corp.**

SIGNATURE: By **SIGNATURE REQUIRED**

**Norman G. Orosenker** 9/11/00 401-456-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Secretary

Date

Daytime Phone #

CR2E003 (5/00)