

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000512**

1. Entity Name

WOODS MGROUP LTD.

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 Orodienker
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

Zip

Country

Zip
02903

Country
USA

4. FEI Number

13-3840364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AXELROD, ALAN D P.A.
C/O BILZIN SUMBERG DUNN & AXELROD LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

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.

\$3,876,819.00

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 # **P95000017665**
NAME **WOODS 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

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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)(i), 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

Woods MGP Corp.

SIGNATURE: By **SIGNATURE REQUIRED**

Norman G. Orodienker

9/11/00

401-456-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Secretary**

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:02



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)