

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004133

1. Entity Name

CORALWOOD CORP. OF DELAWARE

Principal Place of Business

ONE PENN PLAZA SUITE 4015
NEW YORK NY 10119

Mailing Address

ONE PENN PLAZA SUITE 4015
NEW YORK NY 10119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	WENK, JOSEPH R	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SIMS, MICHAEL S	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SEIDNER, MARTIN L	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODGERS, ROBERT H	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	FISHMAN, RONALD B	
STREET ADDRESS	ONE PENN PLAZA SUITE 4015	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Michael S. Fishman

Vice President

4/26/01

(212) 971-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90022 010 ***150.00

C0062440



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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