

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017657

1. Entity Name

CORAL MGP CORP.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 003 ***150.00

Principal Place of Business

Mailing Address

ROBERT MICHAELSON (WEISSBARTH ALTMAN, ETAL
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019

ROBERT MICHAELSON (WEISSBARTH ALTMAN, ETAL
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019-3800

629498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Norman G. Orodener
Tillinghast Licht Perkins
Suite, Apt. 17, etc.

3. Mailing Address

c/o Norman G. Orodener
Tillinghast Licht Perkins
Suite, Apt. 17, etc.

10 Weybosset St., 10th Floor

10 Weybosset St., 10th Floor

City & State
Providence, RI

City & State
Providence, RI

4. FEI Number 13-3840198

Applied For
Not Applicable

Zip
02903-2818

Country
USA

Zip
02903-2818

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CEENTER
MIAMI FL 33131

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME ALTMAN, RONALD
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL
CITY-ST-ZIP NEW YORK NY

TITLE Director ☒ Change ☐ Addition
NAME Daniel Cohen
STREET ADDRESS One Kenney Drive
CITY-ST-ZIP Cranston, RI 02920

TITLE DPT ☒ Delete
NAME MICHAELSON, ROBERT T
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL
CITY-ST-ZIP NEW YORK NY

TITLE President ☒ Change ☐ Addition
NAME Daniel Cohen
STREET ADDRESS One Kenney Drive
CITY-ST-ZIP Cranston, RI 02920

TITLE VS ☒ Delete
NAME GANG, MARTIN
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL
CITY-ST-ZIP NEW YORK NY

TITLE Treasurer ☐ Change ☒ Addition
NAME Douglas Brown
STREET ADDRESS One Kenney Drive
CITY-ST-ZIP Cranston, RI 02920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Norman G. Orodener
STREET ADDRESS 10 Weybosset St., 10th Floor
CITY-ST-ZIP Providence, RI 02903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Bernard Schretter
STREET ADDRESS 115 Constitution Boulevard
CITY-ST-ZIP Franklin, MA 02038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Joel Poretsky
STREET ADDRESS 405 Lexington Avenue
CITY-ST-ZIP New York, NY 10174

3. 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:

Norman G. Orodener
Norman G. Orodener Secretary

3/16/00 401-456-1200, ext. 333

Date

Daytime Phone #

CR2E034 (9/99)