

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017657

1. Entity Name

CORAL MGP CORP.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90216 001 \*1,350.00

61647



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| C/O NORMAN G. ORODENKER<br>10 WEYBOSSET ST., 10TH FL<br>PROVIDENCE RI 02903-2818<br>US | C/O NORMAN G. ORODENKER<br>10 WEYBOSSET ST., 10TH FL<br>PROVIDENCE RI 02903-2818<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 13-3840198               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AXELROD, ALAN D  
2500 FIRST UNION FINANCIAL CEENTER  
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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

11. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | COHEN, DANIEL             |                                 |
| STREET ADDRESS | ONE KENNEY DRIVE          |                                 |
| CITY-ST-ZIP    | CRANSTON RI 02920         |                                 |
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | COHEN, DANIEL             |                                 |
| STREET ADDRESS | ONE KENNEY DRIVE          |                                 |
| CITY-ST-ZIP    | CRANSTON RI 02920         |                                 |
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | BROWN, DOUGLAS            |                                 |
| STREET ADDRESS | ONE KENNEY DRIVE          |                                 |
| CITY-ST-ZIP    | CRANSTON RI 02920         |                                 |
| TITLE          | S                         | <input type="checkbox"/> Delete |
| NAME           | ORODENKER, NORMAN G       |                                 |
| STREET ADDRESS | 10 WEYBOSSET ST., 10TH FL |                                 |
| CITY-ST-ZIP    | PROVIDENCE RI 02903       |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | SCHRETTER, BERNARD        |                                 |
| STREET ADDRESS | 115 CONSTITUTION BLVD     |                                 |
| CITY-ST-ZIP    | FRANKLIN MA 02038         |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | PORETSKY, JOEL            |                                 |
| STREET ADDRESS | 405 LEXINGTON AVE         |                                 |
| CITY-ST-ZIP    | NEW YORK NY 10174         |                                 |

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            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Schretter, Bernhard |  |
| STREET ADDRESS |                     |  |
| 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 filers empowered.

SIGNATURE: Norman G. Orodenker Norman G. Orodenker, Sec. 2/6/01 401-456-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)