

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017657****1. Entity Name**
CORAL MGP CORP.**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90084 034 ***150.00

Principal Place of Business
C/O NORMAN G. ORODENKER
10 WEYBOSSET ST., 10TH FL
PROVIDENCE RI 02903-2818
US**Mailing Address**
C/O NORMAN G. ORODENKER
10 WEYBOSSET ST., 10TH FL
PROVIDENCE RI 02903-2818
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**13-3840198**

Applied For

Not Applicable

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**
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

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, 2002 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** **D** ☐ Delete
NAME **COHEN, DANIEL**
STREET ADDRESS **ONE KENNEY DRIVE**
CITY-ST-ZIP **CRANSTON RI 02920****TITLE** **P** ☐ Delete
NAME **COHEN, DANIEL**
STREET ADDRESS **ONE KENNEY DRIVE**
CITY-ST-ZIP **CRANSTON RI 02920****TITLE** **T** ☐ Delete
NAME **BROWN, DOUGLAS**
STREET ADDRESS **ONE KENNEY DRIVE**
CITY-ST-ZIP **CRANSTON RI 02920****TITLE** **S** ☐ Delete
NAME **ORODENKER, NORMAN G**
STREET ADDRESS **10 WEYBOSSET ST., 10TH FL**
CITY-ST-ZIP **PROVIDENCE RI 02903****TITLE** **D** ☐ Delete
NAME **SCHRETTER, BERNHARD**
STREET ADDRESS **115 CONSTITUTION BLVD**
CITY-ST-ZIP **FRANKLIN MA 02038****TITLE** **D** ☐ 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** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:****NORMAN G. ORODENKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 401-456-1208

CR2E034 (9/01)