

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90011 020 ***150.00

DOCUMENT # P95000017680

1. Entity Name

PLANTATION MGP CORP.

Principal Place of Business

**C/O NORMAN G. ORODENKER, ESQ.
10 WEYBOSSEY STREET
PROVIDENCE RI 02903**

Mailing Address

**C/O NORMAN G. ORODENKER, ESQ.
10 WEYBOSSEY STREET
PROVIDENCE RI 02903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 WEYBOSSET STREET 10 WEYBOSSET STREET

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3840321

Applied For

Not Applicable

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 CENTER
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PORETSKY, JOEL**
STREET ADDRESS **405 LEXINGTON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10174**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P O** ☐ Change ☒ Addition
NAME **DANIEL COHEN**
STREET ADDRESS **ONE KENNEY DRIVE**
CITY-ST-ZIP **CRASTON, RI 02920**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Change ☒ Addition
NAME **DOUGLAS BROWN**
STREET ADDRESS **ONE KENNEY DRIVE**
CITY-ST-ZIP **CRASTON RI 02920**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Change ☒ Addition
NAME **NORMAN G. ORODENKER**
STREET ADDRESS **10 WEYBOSSET STREET**
CITY-ST-ZIP **PROVIDENCE RI 02903**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **BERNHARD SCHRETTER**
STREET ADDRESS **115 CONSTITUTION BOULEVARD**
CITY-ST-ZIP **FRANKLIN, MA 02038**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

2/13/02 401-48-1333

CR2E034 (9/01)