

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000004693**

1. Entity Name
PAMELA EQUITIES CORP.

Principal Place of Business Mailing Address
3 NEW YORK PLAZA 3 NEW YORK PLAZA
NEW YORK NY 10021 NEW YORK NY 10021

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 **13-2694114** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, BARON ESQ.
50 NORTH HIGHWAY A1A, SUITE 103
PONTE VEDRA BEACH FL 32082

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 *Baron Bartlett* 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PCD	<input type="checkbox"/> Delete
NAME	MANOCHERIAN, JED	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANOCHERIAN, JOHN	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANOCHERIAN, KIMBERLY	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	S	<input type="checkbox"/> Delete
NAME	KATZ, JEROME H	
STREET ADDRESS	3 NEW YORK PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	100004721151--0	
STREET ADDRESS	-12/12/01--01075--023	
CITY-ST-ZIP	****750.00 ****750.00	
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		

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: *Jerome H. Katz* SIGNATURE REQUIRED DATE: **10/22/01** Daytime Phone #

FILED
01 DEC -3 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

01056368 AT

CR2E034 (5/01)