

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000000023

1. Entity Name

PAMI-LEMB III Inc.



FILED

03 MAY -6 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 Seventh Avenue

Suite, Apt. #, etc.

3. Mailing Address

101 Hudson Street

Suite, Apt. #, etc.

39th Floor

DO NOT WRITE IN THIS SPACE

City & State

New York, NY

City & State

Jersey City, NJ

4. FEI Number

13-4088899

Applied For

Not Applicable

Zip

10019

Country

US

Zip

07302

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code

32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Yon K. Cho
STREET ADDRESS 745 Seventh Avenue
CITY-ST-ZIP New York, NY 10019

TITLE V
NAME Barry J. O'Brien
STREET ADDRESS 101 Hudson Street
CITY-ST-ZIP Jersey City, NJ 07302

TITLE T
NAME Kathryn M. Bopp Flynn
STREET ADDRESS 745 Seventh Avenue
CITY-ST-ZIP New York, NY 10019

TITLE S
NAME Jennifer Marre
STREET ADDRESS 745 Seventh Avenue
CITY-ST-ZIP New York, NY 10019

TITLE D
NAME Joseph J. Flannery
STREET ADDRESS 745 Seventh Avenue
CITY-ST-ZIP New York, NY 10019

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

4/23/03
Date

(201) 524-5430
Daytime Phone #

CR2E034B (12/02)