

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

DOCUMENT # F00000000025

1. Entity Name

PAMI-LEMB VI Inc.



FILED

03 MAY -6 AM 11:57

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

City & State

New York, NY

City & State

Jersey City, NJ

4. FEI Number

13-4088905

Applied For

Not Applicable

Zip

10019

Country

US

Zip

07302

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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

4/28/03
Date

(201) 524-5430
Daytime Phone #

CR2E034B (12/02)