

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State
08-26-2003 90023 036 ***550.00

0118125 AT

DOCUMENT # F93000002448

1. Entity Name
PENAMI CORPORATION



Principal Place of Business
7 BULFINCH PLACE, SUITE 500
P.O. BOX 9507
BOSTON MA 02114-9507
US

Mailing Address
7 BULFINCH PLACE, SUITE 500
P.O. BOX 9507
BOSTON MA 02114-9507
US



2. Principal Place of Business
670 white Plains Road

3. Mailing Address
670 white Plains Rd.

Suite, Apt. #, etc.
Suite 305

Suite, Apt. #, etc.
Suite 305

City & State
Scarsdale, NY

City & State
Scarsdale, NY

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2669943**

Applied For
Not Applicable

Zip **10583** Country **USA**

Zip **10583** Country **USA**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

Name

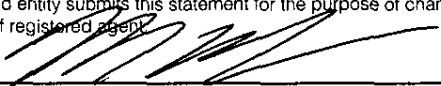
Street Address (P.O. Box Number is Not Acceptable)

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. 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 **8/21/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ASHNER, MICHAEL**
STREET ADDRESS **7 BULFINCH PLACE, STE 500, P.O. BOX 9507**
CITY-ST-ZIP **BOSTON MA 02114-9507**

TITLE **President** ☒ Change ☐ Addition
NAME **MAIDAD, Rabina**
STREET ADDRESS **670 white Plains Road #305**
CITY-ST-ZIP **Scarsdale, NY 10583**

TITLE **VP** ☒ Delete
NAME **BRAVELMAN, PETER**
STREET ADDRESS **7 BULFINCH PLACE, STE 500, P.O. BOX 9507**
CITY-ST-ZIP **BOSTON MA 02114-9507**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **ALVIN Sarter**
STREET ADDRESS **670 white Plains Road #305**
CITY-ST-ZIP **Scarsdale, NY 10583**

TITLE **VPTS** ☒ Delete
NAME **TIFFANY, CAROLYN**
STREET ADDRESS **7 BULFINCH PLACE, STE 500, P.O. BOX 9507**
CITY-ST-ZIP **BOSTON MA 02114-9507**

TITLE **Secretary / Treasurer** ☒ Change ☐ Addition
NAME **Thomas H. Vogel**
STREET ADDRESS **670 white Plains Road #305**
CITY-ST-ZIP **Scarsdale, NY 10583**

TITLE **AS** ☒ Delete
NAME **FORRESTER, ALLISON**
STREET ADDRESS **7 BULFINCH PLACE, STE 500, P.O. BOX 9507**
CITY-ST-ZIP **BOSTON MA 02114-9507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03 **914-722-4400**
Date Daytime Phone #

CR2E034 (4/03)