

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

**DOCUMENT #** F98000003164

**1. Entity Name**

PAMI-FL13 INC.

**FILED**

04 JUN - 4 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

745 Seventh Ave  
Suite, Apt. #, etc.

**3. Mailing Address**

70 Hudson Street  
Suite, Apt. #, etc.

**City & State**

New York, NY

**City & State**

Jersey City, NJ

**4. FEI Number**

22-3635564

**Applied For**

Not Applicable

**Zip**

10019

**Country**

**Zip**

07302

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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**7. Name and Address of Current Registered Agent**

**Name**

THE PRENTICE-HALL CORP SYSTEM

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

1201 Hays Street

**City**

Tallahassee

**FL**

**Zip Code**

32301

**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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	YON K. CHO	745 7th Ave	New York, NY 10019
V	CHRISTOPHER S. MCKENNA	745 7TH AVE.	NEW YORK, NY 10019
S	BRIAN BARRY	745 7th Ave.	New York, NY 10019
D	YON K. CHO	745 7TH AVE.	NEW YORK, NY 10019
V	BARRY J. O'BRIEN	70 Hudson St	JE. NJ. 07302

**DO NOT WRITE 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)(f), Florida Statutes, and 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 and subscribed by the person 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 is listed in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

BARRY J. O'BRIEN

4/26/04

201-499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone