

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

DOCUMENT # F98000003164

1. Entity Name

PAMI-FL13 INC.



FILED

03 MAY -5 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

745 7th Ave

Suite, Apt. #, etc.

3. Mailing Address

101 HUDSON STREET

Suite, Apt. #, etc.

39TH. FLOOR

City & State

NEW YORK, NY

City & State

JERSEY CITY, NJ

Zip

10019

Country

Zip

07302

Country

4. FEI Number

22-3635564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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 P  
NAME YON K. CHO  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, N.Y. 10017

TITLE V  
NAME BARRY J. O'BRIEN  
STREET ADDRESS 101 HUDSON STREET  
CITY-ST-ZIP JERSEY CITY, N.J. 07302

TITLE S  
NAME JENNIFER MARRE  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, N.Y. 10019

TITLE T  
NAME DANIEL O MINERVA  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, N.Y. 10019

TITLE D  
NAME JOESPH J. PLANNERY  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, N.Y. 10019

TITLE D  
NAME DEAN K. MARSAN  
STREET ADDRESS 745 7TH AVE.  
CITY-ST-ZIP NEW YORK, N.Y. 10019

TITLE  
NAME  
STREET ADDRESS  
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**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)(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 1 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

04/28/2003

201-524-5430

Date

Daytime Phone

CR2E034B (12/02)