

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90175 001 \*\*\*900.00

**DOCUMENT #** F98000003167

1. Entity Name

PAMI-FL1 Inc.

Principal Place of Business

Mailing Address

3 World Financial Center  
 New York, NY 10285

101 Hudson Street  
 39th FL  
 Jersey City, NJ 07302

80233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3635243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Prentice-Hall Corporation System  
 1201 Hays Street  
 Tallahassee, FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Yon K. Cho	
STREET ADDRESS	3 World Financial Center	
CITY - ST - ZIP	New York, NY 10285	
TITLE	V	<input type="checkbox"/> Delete
NAME	Barry J. O'Brien	
STREET ADDRESS	101 Hudson St.	
CITY - ST - ZIP	Jersey City, NJ 07302	
TITLE	T	<input type="checkbox"/> Delete
NAME	Daniel O. Minerva	
STREET ADDRESS	3 World Financial Center	
CITY - ST - ZIP	New York, NY 10285	
TITLE	S	<input type="checkbox"/> Delete
NAME	Jennifer S. Marre	
STREET ADDRESS	3 World Financial Center	
CITY - ST - ZIP	New York, NY 10285	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joseph J. Flannery	
STREET ADDRESS	3 World Financial Center	
CITY - ST - ZIP	New York, NY 10285	
TITLE	D	<input type="checkbox"/> Delete
NAME	Christopher S. McKenna	
STREET ADDRESS	3 World Financial Center	
CITY - ST - ZIP	New York, NY 10285	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Barry J. O'Brien*  
 Barry J. O'Brien  
 Vice President

4/24/02

(201) 524-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #