

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2002 90175 001 ***900.00

DOCUMENT # F98000003170
1. Entity Name

PAMI-FL6 Inc.

Principal Place of Business **Mailing Address**
 3 World Financial Center 101 Hudson Street
 New York, NY 10285 39th FL
 Jersey City, NJ 07302

80238

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 **Applied For**
 22-3635561 **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	
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NAME	
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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

04/24/02

(201) 524-5822

Date

Daytime Phone #

LEHMAN BROTHERS

April 23, 2002

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

<u>CORPORATION NAME</u>	<u>DOCUMENT</u>	<u>TOTAL FEE DUE</u>
<i>PAMI-FL1 Inc.</i>	<i>F98000003167</i>	<i>\$150.00</i>
<i>PAMI-FL2 Inc.</i>	<i>F98000003176</i>	<i>\$150.00</i>
<i>PAMI-FL3 Inc.</i>	<i>F98000003175</i>	<i>\$150.00</i>
<i>PAMI-FL4 Inc.</i>	<i>F98000003173</i>	<i>\$150.00</i>
<i>PAMI-FL5 Inc.</i>	<i>F98000003172</i>	<i>\$150.00</i>
<i>PAMI-FL6 Inc.</i>	<i>F98000003170</i>	<i>\$150.00</i>

Dear Sir/Madam:

Return: Uniform Business Reports
Period: 2002
Total Fee Due: \$900.00
Check Enclosed: Yes (X) No ()

Kindly acknowledge receipt by stamping and returning to the undersigned the enclosed copy of this letter.

Very truly yours



Barry J. O'Brien
Vice President

BJO/vp
Enclosures

LEHMAN BROTHERS

April 23, 2002

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
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