

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90306 001 ***750.00

DOCUMENT # F98000003172

1. Entity Name
PAMI-FL5 INC.

Principal Place of Business

Mailing Address

**3 WORLD FINANCIAL CTR
 NEW YORK NY 10285
 US**

**101 HUDSON ST
 39TH FLOOR
 JERSEY CITY NJ 07302
 US**

41830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3635560**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 1201 HAYS STREET
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHO, YON K	
STREET ADDRESS	3 WORLD FINANCIAL CTR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, BARRY J	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRE, JENNIFER	
STREET ADDRESS	3 WORLD FINANCIAL CTR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINERVA, DANIEL O	
STREET ADDRESS	3 WORLD FINANCIAL CTR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLANNERY, JOSEPH J	
STREET ADDRESS	3 WORLD FINANCIAL CTR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEYLOR, EDWARD J	
STREET ADDRESS	3 WORLD FINANCIAL CTR	
CITY-ST-ZIP	NEW YORK NY 10285	

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	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Karen C. Manson</i>	
STREET ADDRESS	<i>3 World Financial Center</i>	
CITY-ST-ZIP	<i>New York, N.Y. 10285</i>	

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** 4-27-01 (201) 524-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)