

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

DOCUMENT # F98000003173

1. Entity Name

PAMI-FL4 INC.

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

Zip

10019

Country

City & State

Jersey City, NJ

Zip

07302

Country

4. FEI Number

22-3635559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORP 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, NY 10019
TITLE	V
NAME	CHRISTOPHER S. MCKENNA
STREET ADDRESS	745 7TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	S
NAME	BRIAN BARRY
STREET ADDRESS	745 7th Ave.
CITY - ST - ZIP	New York, NY 10019
TITLE	D
NAME	YON K CHO.
STREET ADDRESS	745 7TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	D
NAME	JOSEPH J. FLANNERY
STREET ADDRESS	745 7 TH AVE.
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	VS
NAME	BARRY J. O'BRIEN
STREET ADDRESS	70 Hudson St
CITY - ST - ZIP	Jersey City, NJ-07302

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 does not appear 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 #

FILED

04 JUN -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/13/04--01075--006 **3450.00

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