

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2002 90175 001 ***900.00

DOCUMENT # F98000003175
1. Entity Name

PAMI-FL3 Inc.

Principal Place of Business
 3 World Financial Center
 New York, NY 10285

Mailing Address
 101 Hudson Street
 39th FL
 Jersey City, NJ 07302

80235

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
 22-3635558

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

(201) 524-5822
 Daytime Phone #