2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # F9800003176				05-05-2002 90175 001 ***900.00		
1. Entity Name						
PAMI-FI	2 Inc.					
	ace of Business	Mailing Address		- .		
3 World	l Financial Center	101 Hudson St	reet			
New York, NY 10285 39th FL			1666			
	,	Jersey City, N	J 07302	8 (234	
			- 0.002			
2. Principal	Place of Business	3. Mailing Address				
Suite An	t # ata	0.::- 0-1 # -1	····			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN TH	HIS SPACE	
City & State City & State		·	4. FEI Number	Applied For		
				22-3635556	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Pogletand Appet			Fee Required	
	o. Hame and Address of Current	registered Agent	Name	7. Name and Address of New Register	ed Agent	
				· · · · · · · · · · · · · · · · · · ·		
	ntice-Hall Corporat	ion System	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	ys Street			***	··········	
Tallaha	ssee, FL 32301-2525		City		 	
			'	F	Zip Code	
8. The above	e named entity submits this statemer	nt for the purpose of changin	g its registered office o	r registered agent, or both, in the State of Flo	rida.	
CICNATURE	_					
SIGNATURE	Signature, typed or printed name of regis	stared exact and title if a life and	, , , , , , , , , , , , , , , , , , ,		 .	
	Signature, typed or printed name or regis	stered agent and title if applicable	e. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
9. This corpo	oration is eligible to satisfy its Intangil	ole FILE NOW!	!! FEE IS \$150.00			
Tax filing r	requirement and elects to do so.	After MAY 1, 20	01 Fee will be \$550	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
(See Crite	ria on back)	Make Check Payab	le to Department o	State	Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11 Change Addition	
TITLE	P	Delete	TITLE	-	Change Addition	
NAME STREET ADODESS	Yon K. Cho		NAME			
STREET ADDRESS CITY - ST - ZIP	la Moria Ellianciat		STREET ADDRESS		<u> </u>	
TITLE	New York, NY 10285		CITY - ST - ZIP			
NAME	V Bonner I Olberian	Delete	TITLE		Change Addition	
STREET ADDRESS	Barry J. O'Brien 101 Hudson St.		NAME STREET ADDRESS			
CITY - ST - ZIP	Jersey City, NJ 07	202	CITY - ST - ZIP			
TITLE	T	Delete	TITLE		Channe C Addition	
NAME	Daniel O. Minerva		NAME		Change Addition	
STREET ADDRESS	3 World Financial	Center	STREET ADDRESS			
CITY - ST - ZIP	New York, NY 10285		CITY - ST - ZIP	•		
TITLE	s	Delete	TITLE		Change Addition	
NAME	Jennifer S. Marre	-	NAME			
STREET ADDRESS	3 World Financial	Center	STREET ADDRESS			
CITY - ST - ZIP	New York, NY 10285		CITY - ST - ZIP			
TITLE NAME	D	Delete	TITLE		Change Addition	
NAME STREET ADDRESS	Joseph J. Flannery		NAME STREET ADDOCCO			
CITY - ST - ZIP	3 World Financial	center	STREET ADDRESS CITY - ST - ZIP			
TITLE	New York, NY 10285	Delete		<u> </u>		
NAME	Christopher S. McK		TITLE NAME		Change Addition	
STREET ADDRESS	3 World Financial	emia			1	
CITY - ST - ZIP		Center	OLUCE LAUGHANNA I			
		Center	STREET ADDRESS CITY - ST - ZIP			
13. I hereby ce	New York, NY 10285	h this filing does not qualify f	CITY - ST - ZIP	d in Section 119 07/3\fit) Florida Statutos 15	orthor cortifications at a	
momation	New York, NY 10285 ertify that the information supplied with indicated on this report or supplement	h this filing does not qualify f	OTY - ST - ZIP or the exemption states	d in Section 119.07(3)(i), Florida Statutes. I fure shall have the same legal effect as if made	tarrian de la calification de	
officer or d	New York, NY 10285 ortify that the information supplied with indicated on this report or supplement irector of the corporation or the receiver.	h this filing does not qualify fental report is true and accur	OTY - ST - ZIP or the exemption stated ate and that my signate execute this report as	ure shall have the same legal effect as if mad required by Chapter 607. Florida Statutaci as	tarrian de la catalla de la de	
officer or di	New York, NY 10285 ertify that the information supplied with indicated on this report or supplement irector of the corporation or the recein or Block 12 if changed or on an atta	h this filing does not qualify fental report is true and accur	CITY - ST - ZIP or the exemption state ate and that my signate execute this report as the all other like empower	ure shall have the same legal effect as if mad required by Chapter 607, Florida Statutes; ar ered.	tarrian de la calification de	

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>(2</u>01)524-5822