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

**DOCUMENT # F98000004689** 

1. Entity Name

PAMI-FL-LEMB V Inc.



FILED

03 MAY -6 PM 1:27

SEUDIETARY UT STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
745 Seventh Avenue	101 Hudson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	39th Floor
City & State	City & State
New York, NY	Jersev Citv. NJ

Zip

07302

DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 13-4081902 Not Applicable

Country US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent The Prentice-Hall Corporation System

Trust Fund Contribution.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

<sup>City</sup> Tallahassee

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

MANAG

TITLE

NANE

NAME

CITY-ST-7IP TITLE

CITY-ST-ZIP

Ζip

10019

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing

\$5.00 May Be Added to Fees

After May 1, Fee is \$550,00 Amended UBR is \$61.25

Country

US

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

January 1 - May 1 Fee is \$150.00

TITLE TITLE NAME Yon K. Cho NAME 745 Seventh Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP New York, NY 10019 TITLE TITLE NAME NAME Barry J. O'Brien STREET ADDRESS STREET ADDRESS 101 Hudson Street CITY-ST-ZIP: CITY-ST-ZiP Jersey City, NJ 07302 TITLE TITLE Kathryn M. Bopp Flynn NAME NAME 745 Seventh Avenue STREET ADDRESS

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DO NOT WRITE

IN THIS SPACE

Jennifer Marre 745 Seventh Avenue STREET ADDRESS CITY-ST-ZIP New York, NY 10019

Joseph J. Flannery 745 Seventh Avenue STREET ADDRESS New York, NY 10019

New York, NY 10019

Christopher S. McKenna STREET ADDRESS

745 Seventh Avenue New York, NY 10019

CITY-ST-ZIP TITLE NAME STREE: ADDRESS

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TITLE

NAME

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CITY ST-ZIP \$1 12. Thereby 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 recovered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O'Brien Barry J.

(201)524-5430