

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000336 1. Entity Name PAMI-FL 17 INC.				FILED 00 JUN 19 AM 11:06 SECRETARY OF STATE TALLAHASSEE FLORIDA																																																																																																																																																							
Principal Place of Business Mailing Address				DO NOT WRITE IN THIS SPACE																																																																																																																																																							
2. Principal Place of Business 3 World Financial Center		3. Mailing Address 101 Hudson Street																																																																																																																																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 39th Floor																																																																																																																																																									
City & State New York, NY		City & State Jersey City, NJ																																																																																																																																																									
Zip 10285		Country US		4. FEI Number 22-3646394																																																																																																																																																							
Zip 10285		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Suite 105 Tallahassee, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State.		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Yon K. 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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		04/17/00 (201) 524-5822																																																																																																																																																							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																																																																																																																							