

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

**DOCUMENT #** F9900000336  
**1. Entity Name**  
PAMI-FL17 INC.  
F99 000000 336

**FILED**  
04 JUN -1- PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

**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**  
22-3646394

**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  
CORPORATION SERVICE COMPANY  
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

900037673829  
06/04/04--01061--001 \*\*2000.00

**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	PD	TITLE	
NAME	YON K. CHO	NAME	
STREET ADDRESS	745 7th Ave	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	BARRY J. O'BRIEN	NAME	
STREET ADDRESS	70 HUDSON ST	STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY, NJ 07302	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	JENNIFER MARRE	NAME	
STREET ADDRESS	745 7th Ave.	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**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 appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Barry J. O'Brien **BARRY J. O'BRIEN** 4/26/04 201-499-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #