

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000001256**
 Entity Name **PAMI PABLO BEACH INC.**

Principal Place of Business
**3 WOOD FINANCIAL CNTR.
 NEW YORK, N.Y. 10285**

Mailing Address
**101 HUDSON ST.
 39TH FLOOR
 JERSEY CITY, N.J. 07302**

FILED
01 JUN 11 PM 5:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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

4. FEI Number **13-4074720**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Corporation Service Company
 1201 HAYS ST
 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

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

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW WITH 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**

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	3 WOOD FINANCIAL CENTER		STREET ADDRESS	100004335661--6	
TY-ST-ZIP	NEW YORK, N.Y. 10285		CITY-ST-ZIP	-05/31/01--01042--003	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	101 HUDSON ST		STREET ADDRESS	*****650.00 *****150.00	
TY-ST-ZIP	JERSEY CITY, N.J. 07302		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	DANIEL O. MUKERYA		STREET ADDRESS		
TY-ST-ZIP	3 WOOD FINANCIAL CNTR.		CITY-ST-ZIP		
TY-ST-ZIP	NEW YORK, N.Y. 10285		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	JENNIFER MARRE		STREET ADDRESS		
TY-ST-ZIP	3 WOOD FINANCIAL CNTR.		CITY-ST-ZIP		
TY-ST-ZIP	NEW YORK, N.Y. 10285		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	JOSEPH S. FANNERY		STREET ADDRESS		
TY-ST-ZIP	3 WOOD FINANCIAL CNTR.		CITY-ST-ZIP		
TY-ST-ZIP	NEW YORK, N.Y. 10285		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Vice President **4/30/01** (201) **524-5822**

CR2E034 (11/00)