

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000339

1. Entity Name
PAMI-FL15 Inc.



FILED
May 08, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
745 Seventh Avenue
Suite, Apt. #, etc.

3. Mailing Address
101 Hudson Street
Suite, Apt. #, etc.
39th Floor

City & State
New York, NY

City & State
Jersey City, NJ

4. FEI Number
22-3635571

Applied For
Not Applicable

Zip
10019

Country
US

Zip
07302

Country
US

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

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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
32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Yon K. Cho
745 Seventh Avenue
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Barry J. O'Brien
101 Hudson Street
Jersey City, NJ 07302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Kathryn M. Bopp Flynn
745 Seventh Avenue
New York, NY 10019

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph J. Flannery
745 Seventh Avenue
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Christopher S. McKenna
745 Seventh Avenue
New York, NY 10019

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

(201) 524-5430
Daytime Phone

CR2E034B (12/02)