

EXIMCO11
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90079 044 ***150.00

0576201 AT

DOCUMENT # 838297

1. Entity Name
KIMZAY CORP.

Principal Place of Business
**3333 NEW HYDE PARK RD
SUITE 100
NEW HYDE PARK NY 11042**

Mailing Address
**KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PARK NY 11042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-2587863

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COOPER, MILTON**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KIMMEL, MARTIN**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **FLYNN, MIKE**
STREET ADDRESS **3333 NEW HYDE PARK RD., P.O BOX 5020**
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **COHEN, GLENN**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PAPPAGALLO, MIKE**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **YARMAK, JOEL I**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Joel I Yarmak 2/4/02 516-890-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)