

2000 UNIFORM BUSINESS REPORT (UBR)

00066

DOCUMENT # F99000003176

1. Entity Name

KIMCO AUTOVENTURE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:54

Principal Place of Business

Mailing Address

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042-1205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2077426

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE <input type="checkbox"/> Delete NAME C COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 600003144716-6 -02/23/00--01064--003 ***2467.75 ****150.00</p>
<p>TITLE <input type="checkbox"/> Delete NAME P FLYNN, MICHAEL J STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> Delete NAME VP PAPPAGALLO, MICHAEL V STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> Delete NAME S KAUDERER, BRUCE M STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> Delete NAME T COHEN, GLENN STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition <i>2/17</i></p>
<p>TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

Mike Pappagallo
Mike Pappagallo

2/17/00

(516) 869-7238

CR2E034 (9/99)