

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90058 004 \*\*\*150.00

**DOCUMENT # P94000009087**

1. Entity Name  
**KIMCO 120 O/P, INC.**

Principal Place of Business

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

Mailing Address

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

**967979**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3333 New Hyde Park Rd**

3. Mailing Address

**3333 New Hyde Park Rd**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**New Hyde Park, NY**

City & State

**New Hyde Park, NY**

4. FEI Number

**65-0471149**

Applied For

Not Applicable

Zip

**11042**

Country

**US**

Zip

**11042**

Country

**US**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **KIMMEL, MARTIN S**  
STREET ADDRESS **33333 NEW HYDE PK. RD SUITE 100**  
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **KAUDERER, BRUCE**  
STREET ADDRESS **3333 NEW HYDE PARK RD. SUITE 100**  
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE  Change  Addition  
NAME **Yarmak, Joel I.**  
STREET ADDRESS **← same**  
CITY-ST-ZIP

TITLE **VP**  Delete  
NAME **WEISS, ALEX**  
STREET ADDRESS **3333 NEW HYDE PARK RD. SUITE 100**  
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE  Change  Addition  
NAME **Cohen, Glenn**  
STREET ADDRESS **← same**  
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* **Joel I. Yarmak** 4/26/01 (516) 869-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

06/13/03

CR2E034 (10/00)