

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90057 048 ***150.00

0575120

DOCUMENT # S08373

1. Entity Name
KIMZFERN INC.

Principal Place of Business Mailing Address
% THE KIMCO CORPORATION **% THE KIMCO CORPORATION**
P.O. BOX 5020 **P.O. BOX 5020**
NEW HYDE PK. NY 11042 **NEW HYDE PK. NY 11042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3333 New Hyde Park Road Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100
 City & State City & State
New Hyde Park, NY
 Zip Country Zip Country
11042 **US**

4. FEI Number **11-3035885** Applied For
 Not Applicable

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 ROAD
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

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COOPER, MILTON | |
| STREET ADDRESS | P.O. BOX 5020 | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIMMEL, MARTIN | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FLYNN, MIKE | |
| STREET ADDRESS | 3333 NEW HYDE PARK RD., P.O BOX 5020 | |
| CITY-ST-ZIP | NEW HYDE PK NY 11042 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | WEISS, ALEX | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | |
| CITY-ST-ZIP | NEW HYDEPK NY 11042 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | PAPPAGALLO, MIKE | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | |
| CITY-ST-ZIP | NEW HYDE PK. NY 11042 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | KAUDERER, BRUCE | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. 100 | |
| CITY-ST-ZIP | NEW HYDE PK. NY 11042 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cohen, Glenn | |
| STREET ADDRESS | same | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Yarmak, Joel I. | |
| 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 Date: 4/26/01 Daytime Phone #: (516) 869-9000

CR2E034 (10/00)