

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90057 037 ***150.00

DOCUMENT # 824662

1. Entity Name
PERMELYN CORPORATION

Principal Place of Business
KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PK 11042

Mailing Address
KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PK 11042

2. Principal Place of Business *Kimco Realty Corp*
3333 New Hyde Park Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Hyde Park, NY

City & State

Zip
11042

Country
US

Zip Country

4. FEI Number **13-2660042**

Applied For
 Not Applicable

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

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, 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 **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 RD., P.O BOX 5020**
 CITY-ST-ZIP **NEW HYDE PK NY**

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

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

TITLE ☐ Change ☒ Addition
 NAME **Cohen, Glenn**
 STREET ADDRESS **← Same**
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
 Date

(516) 869-9000
 Daytime Phone #

CR2E034 (10/00)