

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90078 040 ***150.00

05/6200 AT

DOCUMENT # 309307

1. Entity Name
KIMZAY OF FLORIDA, INC.

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

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

80059962



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

13-2587853

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 _____

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

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

TITLE ☐ Delete
 NAME **T 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 ☐ Delete
 NAME **V 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 ☐ Delete
 NAME **V 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)