

# 2000 UNIFORM BUSINESS REPORT (UBR)

000659

DOCUMENT # 824662

1. Entity Name

PERMELYNN CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:49

Principal Place of Business

Mailing Address

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

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PK 11042-0020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2660042

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

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

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

TITLE **D** ☐ Delete  
NAME **KIMMEL, MARTIN**  
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**  
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

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

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

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

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 **100003114475.1**  
STREET ADDRESS **-02/23/00--01064--003**  
CITY-ST-ZIP **\*\*\*2467.75 \*\*\*\*\*150.00**

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

Mike Pappagallo

Date

Daytime Phone #

(516) 869-7238

CR2E034 (9/99)