

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90377 014 \*\*\*150.00

DOCUMENT # H 77646

1. Entity Name

Kimco of North Miami, Inc

Principal Place of Business

Mailing Address

Kimco Realty Corp  
 3333 New Hyde Park Rd  
 New Hyde Park, NY 11042

Kimco Realty Corp  
 3333 New Hyde Park Rd.  
 New Hyde Park, NY 11042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2761316

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00056088

DO NOT WRITE IN THIS SPACE

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!! FEES: \$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	<input type="checkbox"/> Delete
NAME	Cooper, Milton	
STREET ADDRESS	3333 New Hyde Park Rd	
CITY-ST-ZIP	New Hyde Park, NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kimmel, Martin	
STREET ADDRESS	3333 New Hyde Park Rd	
CITY-ST-ZIP	New Hyde Park, NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	Flynn, Michael	
STREET ADDRESS	3333 New Hyde Park Rd.	
CITY-ST-ZIP	New Hyde Park, NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	Pappagallo, Michael	
STREET ADDRESS	3333 New Hyde Park Rd.	
CITY-ST-ZIP	New Hyde Park, NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	Yarmak, Joel	
STREET ADDRESS	3333 New Hyde Park Rd.	
CITY-ST-ZIP	New Hyde Park, NY 11042	
TITLE	S.	<input type="checkbox"/> Delete
NAME	Kauderer, Bruce	
STREET ADDRESS	3333 New Hyde Park Rd.	
CITY-ST-ZIP	New Hyde Park, NY 11042	

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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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 Yarmak Joel Yarmak 5/01/01 (516) 869-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #