

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90058 005 ***150.00

05/15/01

DOCUMENT # P00000036517

1. Entity Name

KIMCO GOVERNOES MARKETPLACE II 318, INC.

Principal Place of Business

Mailing Address

**3333 NEW HYDE PARK RD.
 NEW HYDE PARK NY 11042-0020**

**3333 NEW HYDE PARK RD.
 NEW HYDE PARK NY 11042-0020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2548173

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 RD.
 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 _____ 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

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 11042-0020	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMMEL, MARTIN S	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J	
STREET ADDRESS	3333 NEW HYDE PARK RD.	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Yarmak, Joel I.	
STREET ADDRESS	← Same	
CITY-ST-ZIP	← Same	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pappagallo, Michael	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Glenn	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hauderer, Bruce	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel I. Yarmak

Date

4/26/01

Daytime Phone #

(516) 8699400

CR2E034 (10/00)