

SFLT 0318/ BLS VSCDP
2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90078 004 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number

58-2548173

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 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 D
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PARK RD.
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020 ☐ Delete

TITLE V
NAME YARMAK, JOEL I
STREET ADDRESS 3333 NEW HYDE PARK RD.
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020 ☐ Delete

TITLE P
NAME FLYNN, MICHAEL J
STREET ADDRESS 3333 NEW HYDE PARK RD.
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020 ☐ Delete

TITLE V
NAME PAPPAGALLO, MICHAEL
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042 ☐ Delete

TITLE T
NAME COHEN, GLENN
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042 ☐ Delete

TITLE S
NAME KANDERER, BRUCE
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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)(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 #

Joel I Yarmak 2/24/02 516 869 9000

CR2E034 (9/01)