2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000110215 1. Entity Name KIMCO TAMPA 470, INC. 05-03-2001 90058 013 ***150.00 Principal Place of Business Mailing Address 3333 NEW HYDE PARK RD, STE 100 3333 NEW HYDE PARK RD. STE 100 NEW HYDE PARK NY 11042 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 58-2586039 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 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, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME COOPER, MILTON STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD, STE 100 CITY-ST-ZIP CITY-ST-7IP NEW HYDE PARK NY 11042 Change Addition TITLE ☐ Delete TITLE Yarmak, Joel I. NAME NAME KIMMEL, MARTIN S STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD, STE 100 CITY-ST-7IP CITY-ST-7IP NEW HYDE PARK NY 11042 ☐ Delete ☐ Addition TITLE TITLE NAME NAME FLYNN, MICHAEL STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD, STE 100 CITY-ST-ZIP CiTY-ST-7iP NEW HYDE PARK NY 11042 ☐ Delete Change TITLE TITLE Addition Addition apsagallo, michael NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS 5ame CITY-ST-ZIP 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 a fd 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 I. Yarmak 4/26/01