

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90079 042 ***150.00

DOCUMENT # P94000009087

1. Entity Name

KIMCO 120 O/P, INC.

Principal Place of Business

3333 NW HYDE PARK RD
SUITE 100
NEW HYDE PARK NY 11042

Mailing Address

KIMCO REALTY CORP.
P.O. BOX 5020
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

65-0471149

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

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

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 KIMMEL, MARTIN S
STREET ADDRESS 33333 NEW HYDE PK. RD SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P
NAME FLYNN, MIKE
STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE CFO
NAME PAPPAGALLO, MIKE
STREET ADDRESS 3333 NEW HYDE PK. RD. SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V
NAME YARMAK, JOEL I
STREET ADDRESS 3333 NEW HYDE PARK RD. SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME COHEN, GLENN
STREET ADDRESS 3333 NEW HYDE PARK RD. SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

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 #

CR2E034 (9/01)