

2000 UNIFORM BUSINESS REPORT (UBR)

0006635

DOCUMENT # P94000017825
 1. Entity Name
KIMCO STUART 619, INC.

FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS

00 FEB 17 AM 9:44

Principal Place of Business Mailing Address
KIMCO REALTY CORP. **KIMCO REALTY CORP.**
P.O. BOX 5020 **P.O. BOX 5020**
NEW HYDE PARK NY 11042-0020 **NEW HYDE PARK NY 11042-0020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
11-3205441 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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	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	COOPER, MILTON
STREET ADDRESS	3333 NEW HYDE PARK RD.
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020
TITLE	P <input type="checkbox"/> Delete
NAME	FLYNN, MIKE
STREET ADDRESS	3333 NEW HYDE PARK RD.
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	T <input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE
STREET ADDRESS	3333 NEW HYDE PARK RD. SUITE 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020
TITLE	S <input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE
STREET ADDRESS	3333 NEW HYDE PARK RD. STE. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020
TITLE	VP <input type="checkbox"/> Delete
NAME	WEISS, ALEX
STREET ADDRESS	3333 NEW HYDE PARK RD. STE. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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******2476.25 ****150.00**

2/17

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: *Mike Pappagallo* Date: 2/17/00 Daytime Phone #: (516) 869-7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)