FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am Secretary of State DOCUMENT # P9500001129 KIMCO SOUTH MIAMI 634, INC. 05-03-2001 90058 011 ***150.00 Principal Place of Business Mailing Address KIMCO REALTY CORP KIMCO REALTY CORP 001012 P.O. BOX 5020 P.O. BOX 5020 NEW HYDE PARK NY 11042 **NEW NYDE PARK NY 11042** 2. Principal Place of Business, King to Kea 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0559378 Not Applicable Zip 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 ROAD 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 Signature, typed or printed name 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ■ Addition TITI F Change ☐ Delete TITLE KIMMEL, MARTIN S NAME NAMĚ STREET ADDRESS 3333 NEW HYDE PARK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW HYDE PARK NY 11042** ☐ Change ☐ Addition TITLE TITLE □ Delete COOPER, MILTON NAME NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-7IP CITY-ST-ZIP **NEW HYDE PARK NY 11042** ☐ Change Addition TITLE ☐ Delete TITLE FLYNN, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP CJTY-ST-ZIP **NEW HYDE PARK NY 11042** Change ☐ Addition TITLE ☐ Delete TITLE PAPPAGALLO, MIKE NAME NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK RD CITY-ST-7IP CITY-ST-ZIP **NEW HYDE PARK NY 11042** ☐ Change ☐ Delete TITLE Addition TITLE Yarmak, Joel I. NAME KAUDERER, BRUCE NAME STREET ADDRESS 3333 NEW HYDE PARK RD STREET ADDRESS CITY-ST-ZIP same CITY-ST-ZIP **NEW HYDE PARK NY 11042** ☐ Change TITLE Delete TITLE Addition A NAME WEISS, ALEX NAME STREET ADDRESS 3333 NEW HYDE PARK RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW HYDE PARK NY 11042** 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, w other like empowered.

Joel I. Yarmak

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR