

# 2000 UNIFORM BUSINESS REPORT (UBR)

000663X

**DOCUMENT # P95000089607**

1. Entity Name  
**KIMCO WEST PALM BEACH 633, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:29

Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042-0020	Mailing Address POST OFFICE BOX 5020 NEW HYDE PARK NY 11042-0020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0642317</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIMMEL, MARTIN S</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD, SUITE 100</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>4000003144</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPER, MILTON</b>			NAME	<b>-02/23/00--01064--004</b>		
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD, SUITE 100</b>			STREET ADDRESS	<b>***2476.25</b>		
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>			CITY-ST-ZIP	<b>****150.00</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLYNN, MIKE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAPPAGALLO, MIKE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PK RD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISS, ALEX</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PK. RD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAUDERER, BRUCE</b>			NAME			
STREET ADDRESS	<b>3333 NEW HYDE PK. RD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>			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 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: *Nike Pappagallo* **Nike Pappagallo** 2/1/00 **(516) 869-7238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)