

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90058 043 \*\*\*150.00

**DOCUMENT # P95000089607**

1. Entity Name

**KIMCO WEST PALM BEACH 633, INC.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0642317**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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.

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KIMMEL, MARTIN S	3333 NEW HYDE PARK ROAD, SUITE 100	NEW HYDE PARK NY 11042-0020	<input type="checkbox"/>
D	COOPER, MILTON	3333 NEW HYDE PARK ROAD, SUITE 100	NEW HYDE PARK NY 11042-0020	<input type="checkbox"/>
P	FLYNN, MIKE	3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	<input type="checkbox"/>
T	PAPPAGALLO, MIKE	3333 NEW HYDE PK RD.	NEW HYDE PK. NY 11042	<input type="checkbox"/>
VP	WEISS, ALEX	3333 NEW HYDE PK. RD.	NEW HYDE PK. NY 11042	<input checked="" type="checkbox"/>
S	KAUDERER, BRUCE	3333 NEW HYDE PK. RD.	NEW HYDE PK. NY 11042	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T Cohen, Glenn	← same		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yarmak, Joel I.	← same		<input type="checkbox"/>	<input type="checkbox"/>

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 REGISTERING OFFICER OR DIRECTOR

**Joel I. Yarmak**

4/26/01

Date

(516) 869-9000

Daytime Phone #

CR2E034 (10/00)