

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90078 030 ***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

Zip

Country

Zip

Country

4. FEI Number

65-0642317

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

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.
(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 3333 NEW HYDE PARK ROAD, SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PARK ROAD, SUITE 100
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P
NAME FLYNN, MIKE
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY-ST-ZIP NEW HYDE PARK NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V
NAME PAPPAGALLO, MIKE
STREET ADDRESS 3333 NEW HYDE PK RD.
CITY-ST-ZIP NEW HYDE PK. NY 11042

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME COHNE, GLENN
STREET ADDRESS 3333 NEW HYDE PK. RD.
CITY-ST-ZIP NEW HYDE PK. NY 11042

☐ Delete

TITLE
NAME COHNE, GLENN
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE V
NAME YARMAK, JOEL I
STREET ADDRESS 3333 NEW HYDE PK. RD.
CITY-ST-ZIP NEW HYDE PK. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)