

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90058 041 ***150.00

DOCUMENT # P95000089613

1. Entity Name
KIMCO KISSIMMEE 613, INC.

Principal Place of Business 3333 NEW NYDE PARK ROAD SUITE 100 NEW HYPE PARK NY 11042	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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0655663** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____

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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	KIMMEL, MARTIN S
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042
TITLE	D <input type="checkbox"/> Delete
NAME	COOPER, MILTON
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042
TITLE	P <input type="checkbox"/> Delete
NAME	FLYNN, MIKE
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042
TITLE	T <input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	WEISS, ALEX
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042
TITLE	S <input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100
CITY-ST-ZIP	NEW HYPE PARK NY 11042

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Cohen, Glenn
STREET ADDRESS	← same
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Joel Yarmak
STREET ADDRESS	same
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: *Joel I. Yarmak* 4/26/01 (516) 869-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/00)