

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006634

**DOCUMENT # P96000005063**

1. Entity Name  
**KIMCO ORLANDO 638, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 17 AM 9:30

Principal Place of Business      Mailing Address  
3333 NEW HYDE PARK ROAD      POST OFFICE BOX 5020  
SUITE 100      NEW HYDE PARK NY 11042-0020  
NEW HYDE PARK NY 11042

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **65-0667618**      Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                              |  | 7. Name and Address of New Registered Agent        |          |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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                      | <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</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COOPER, MILTON</b>                      | NAME  |   |
| STREET ADDRESS             | <b>3333 NEW HYDE PARK ROAD, SUITE 100</b>  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NEW HYDE PARK NY 11042</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <b>CFO</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 PARK ROAD</b>             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NEW HYDE PARK NY 11042</b>              | CITY-ST-ZIP   |   |
| 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                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

300003144788  
-02/23/00--01064--004  
\*\*\*2476.25 \*\*\*\*150.00

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: *Mike Pappagallo*      Date: *2/7/00*      Daytime Phone #: *(516) 869-7238*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)