

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90340 017 ***150.00

0618171 AT

DOCUMENT # P97000082741

1. Entity Name
KIMCO MAPLEWOOD 673, INC.



Principal Place of Business
**3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042-0020**

Mailing Address
**3333 NEW HYDE PARK ROAD
SUITE 100
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 **65-0785689**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D KIMMEL, MARTIN S**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY 11042-0020**

TITLE ☐ Change ☒ Addition
NAME **VP Michael Schindler**
STREET ADDRESS **K-SAME ADDRESS**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D FLYNN, MICHAEL J**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY 11042-0020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V YARMAK, JOEL I**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY 11042-0020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T COHEN, GLENN**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY 11042-0020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S KAUDERER, BRUCE**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK NY 11042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

568699001

Date

Daytime Phone #

CR2E034 (10/02)