

2000 UNIFORM BUSINESS REPORT (UBR)

0006620

DOCUMENT # P98000013843

1. Entity Name
KIMCO WEST MELBORNE 668, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 9:32

Principal Place of Business Mailing Address
3333 NEW HYDE PARK ROAD 3333 NEW HYDE PARK ROAD
NEW HYDE PARK NY 11042-0020 NEW HYDE PARK NY 11042-1205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2374863		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILTON 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK NY 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 800003144 -02/23/00--01064--004 ***2476.25 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEI, MARTIN 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK NY 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, MICHAEL 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK NY 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PAPPAGALLO, MICHAEL 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK NY 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISS, ALEX 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK NY 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DA 2/17</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUDERER, BRUCE 3333 NEW HYDE PARK ROAD, P.O. BOX 5020 NEW HYDE PARK FL 11042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: *Mike Pappagallo* Date: *2/7/00* Daytime Phone #: *(516) 869-7238*

CR2E034 (9/99)