

SAW 0681
2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90078 022 ***150.00

0576250 AT

DOCUMENT # R98000013843

1. Entity Name

KIMCO WEST MELBORNE 668, INC.

Principal Place of Business

**3333 NEW HYDE PARK ROAD
 NEW HYDE PARK NY 11042-0020**

Mailing Address

**3333 NEW HYDE PARK ROAD
 NEW HYDE PARK NY 11042-0020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

City & State

4. FEI Number

58-2374863

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMMEL, MARTIN	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, GLENN	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	V	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PARK FL 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	KIMMEL, MARTIN	
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		

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel I Yarmak 2/4/02

Date

Daytime Phone #

516869900

CR2E034 (9/01)