

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90340 021 ***150.00

0618174 AT

DOCUMENT # P98000013843

1. Entity Name
KIMCO WEST MELBORNE 668, INC.



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

Mailing Address
**3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042-0020
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2374863**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (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	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 checked="" 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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UP Michael Schindler
STREET ADDRESS	← SAME 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 type="checkbox"/> Change <input type="checkbox"/> 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

Date: 4-29-03 Daytime Phone #: 56869000

CR2E034 (10/02)