

SFLI 0207 /
2002 UNIFORM BUSINESS REPORT (UBR)

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

0576262 AT

DOCUMENT # P99000086260

1. Entity Name
KIMCO REGENCY PLAZA 207, INC.

04-07-2002 90078 019 ***150.00

Principal Place of Business
**3333 NEW HYDE PARK RD.
 NEW HYDE PARK NY 11042-0020**

Mailing Address
**3333 NEW HYDE PARK RD.
 NEW HYDE PARK NY 11042-0020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2495282		Applied For Not Applicable	
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <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	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, MILTON			NAME	<i>3333 new Hyde Park Rd</i>		
STREET ADDRESS	6 RED GROUND RD.			STREET ADDRESS	<i>new Hyde Park, NY 11042</i>		
CITY-ST-ZIP	OLD WESTBURY NY 11568			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN S			NAME	<i>3333 new Hyde Park Rd</i>		
STREET ADDRESS	33 E. 70TH ST.			STREET ADDRESS	<i>new Hyde Park NY 11042</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLYNN, MICHAEL J			NAME	<i>3333 new Hyde Park Rd</i>		
STREET ADDRESS	215 OLD CHURCH RD.			STREET ADDRESS	<i>new Hyde Park NY 11042</i>		
CITY-ST-ZIP	GREENWICH CT 06830			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARMAK, JOEL I			NAME	<i>3333 new Hyde Park Rd</i>		
STREET ADDRESS	33 E 70TH ST			STREET ADDRESS	<i>new Hyde Park NY 11042</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POPPAGALLA, MICHAEL			NAME	<i>Poppagallo Michael</i>		
STREET ADDRESS	33 E 70TH ST			STREET ADDRESS	<i>3333 new Hyde Park Rd</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, GLENN			NAME	<i>3333 new Hyde Park Rd</i>		
STREET ADDRESS	33 E 70TH ST			STREET ADDRESS	<i>new Hyde Park NY 11042</i>		
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>		

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: _____ *Joel I Yarmak 2/4/02 5168699100* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)