2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000086260 **DOCUMENT #**

KIMCÓ REGENCY PLAZA 207, INC.



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

05-01-2003 90125 032 ***150.00

Principal Place of Business 3333 NEW HYDE PARK RD. SUITE 100 NEW HYDE PARK NY 11042-0020				Mailing Address 3333 NEW HYDE PARK RD. NEW HYDE PARK NY 11042-0020				11030817					
2. Principal Place of Business				3. Mailing Address				111	 				818 81111 83 11 18 3 1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				56-2495262				Applied For Not Applicable	
Zip Country			Zip	Zip Countr			5. Certificate of Status De-			Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current I				egistered Agent			7.	7. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				Street Address			ddress (P.O. I	(P.O. Box Number is Not Acceptable)					
						City					FI	Zip C	ode
	tions of regist				registere	ed office o	registered ag	gent, or	both, in the S	itate of Flori		n familiar w	ith, and accept
	Signature, typed	or printed name of registered agent a	and title it app	olicable. (NOTE	: Registered	Agent signat	ure required when r	einstating))		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 Cam Trust Fund C		•		5.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS							Al	L	NS/CHANGE	S TO OFFIC	ERS AN	ID DIRECTO	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate								☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MARTIN S HYDE PARK ROAD E PARK NY 11042		Do eline			UP Midn	xel me	schir NODE	der		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHAEL J HYDE PARK ROAD E PARK NY 11042		☐ Delete								☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOEL I HYDE PARK ROAD E PARK NY 11042		☐ Delete								☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3333 NEW	LO, MICHAEL HYDE PARK ROAD E PARK NY 11042		□ Delete								Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LENN HYDE PARK ROAD E PARK NY 11042		☐ Delete						-		☐ Chang	e Addition

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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (10/02)