

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90057 048 ***150.00

0575120

DOCUMENT # S08373

1. Entity Name

KIMZFERN INC.

Principal Place of Business

% THE KIMCO CORPORATION
P.O. BOX 5020
NEW HYDE PK. NY 11042

Mailing Address

% THE KIMCO CORPORATION
P.O. BOX 5020
NEW HYDE PK. NY 11042

2. Principal Place of Business

3333 New Hyde Park Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State

New Hyde Park, NY

City & State

Zip

11042

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

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, 2001 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** ☐ Delete
NAME **COOPER, MILTON**
STREET ADDRESS **P.O. BOX 5020**
CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE **D** ☐ Delete
NAME **KIMMEL, MARTIN**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE **P** ☐ Delete
NAME **FLYNN, MIKE**
STREET ADDRESS **3333 NEW HYDE PARK RD., P.O BOX 5020**
CITY-ST-ZIP **NEW HYDE PK NY 11042**

TITLE **VP** ☒ Delete
NAME **WEISS, ALEX**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDEPK NY 11042**

TITLE **T** ☒ Delete
NAME **PAPPAGALLO, MIKE**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

TITLE **S** ☐ Delete
NAME **KAUDERER, BRUCE**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY-ST-ZIP **NEW HYDE PK. NY 11042**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Cohen, Glenn**
STREET ADDRESS **same**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Karmak, Joel I.**
STREET ADDRESS **same**
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. Karmak

4/26/01

(516) 869-9000

Date

Daytime Phone #

CR2E034 (10/00)