

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90043 001 \*\*\*450.00

**DOCUMENT # S08375**

1. Entity Name  
**KIMZLAR INC.**

Principal Place of Business <b>% THE KIMCO CORPORATION          P.O. BOX 5020          NEW HYDE PK. NY 11042</b>	Mailing Address <b>% THE KIMCO CORPORATION          P.O. BOX 5020          NEW HYDE PK. NY 11042-0020</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>11-3050459</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, MILTON</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK. NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIMMEL, MARTIN</b> <b>3333 NEW HYDE PK RD. 100</b> <b>NEW HYDE PK NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FLYNN, MIKE</b> <b>3333 NEW HYDE PARK RD., P.O BOX 5020</b> <b>NEW HYDE PK NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEISS, ALEX</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PAPPAGALLO, MIKE</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAUDERER, BRUCE</b> <b>3333 NEW HYDE PK. RD. 100</b> <b>NEW HYDE PK. NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike Pappagallo Date: 2/7/00 Daytime Phone #: (516) 869-7238

CR2E034 (9/99)