

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90057 050 \*\*\*150.00

**DOCUMENT # S08375**

1. Entity Name  
**KIMZLAR 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3333 New Hyde Park Road**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.

City & State  
**New Hyde Park, NY**

City & State

4. FEI Number **11-3050459**

Applied For  
 Not Applicable

Zip  
**11042**

Country  
**US**

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**

**CT CORPORATION SYSTEM**  
**1200 S. 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.

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)

**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**

**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>	<input type="checkbox"/> Delete
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>	<input type="checkbox"/> Delete
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>	<input type="checkbox"/> Delete
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>	<input checked="" type="checkbox"/> Delete
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>	<input checked="" type="checkbox"/> Delete
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>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Yarmak, Joel I.</b> <b>same</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cohen, Glenn</b> <b>same</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5</b>	<input checked="" 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: Joel I. Yarmak Date: 4/26/01 Daytime Phone #: (516) 869-9000

CR2E034 (10/00)