

# 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

Mailing Address

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

% 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

City & State

New Hyde Park, NY

City & State

City & State

Zip

11042

Country

US

Zip

Country

4. FEI Number 11-3050459

Applied For

Not Applicable

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 ☐ Change ☒ Addition  
NAME Yarmak, Joel I.  
STREET ADDRESS same  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME 5  
STREET ADDRESS  
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. Yarmak

Date

Daytime Phone #

4/26/01

(516) 869-9000

CR2E034 (10/00)