05-03-2001 90057 049 ***150.00

DOCUMENT # S08388 1. Entity Name

KIMZGATE INC.

Principal Place of Business

% THE KIMCO CORPORATION

Mailing Address

% THE KIMCO CORPORATION

P.O. BOX 5020 NEW HYDE PK	NY 11042	P.O. BOX 5020 NEW HYDE PK NY 11042					81811 BIBIL B	ian chin ar	
2. Principal P	Place of Business New Hyde Park Rad	3. Mailing Address			_				
Suite, Apt. #, etc.						DO NOT WRITE I	N THIS SP	ACE	
City & State City & State					4. F		Applied For Not Applicable		
Zip /	42 Country U.S	Zip	Zip Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required			
		7. Name and Address of New Registered Agent							
				Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			5	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	 le
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.									
4. The decree harmed charty supprinted this statement for the purpose of chartying its registered unice of registered agent, or both, in the state of French.									
CICNIATUDE									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Ag	ent signature re	quired when re	pinstating)	DATE		 -
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				will be \$550.00		10. Election Campaign Financ Trust Fund Contribution.	cing		00 May Be d to Fees
11.	OFFICERS AND D	 DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	COOPER, MILTON		NAME	- 1					
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET A						
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-	ZIP	 				
TITLE	D AAA DENA	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	KIMMEL, MARTIN		NAME	DOGERCO					
STREET ADDRESS CITY-ST-ZIP	3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042		STREET A						
	P P P P P P P P P P P P P P P P P P P	□ Delete	TITLE		_			Change	Addition
TITLE NAME	FLYNN, MIKE	☐ Delete	NAME				L		LT Addition
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O.	BOX 5020	STREET A	DORESS				-	
CITY-ST-ZIP	NEW HYDE PK. NY		CITY-ST-	ZIP					
TITLE	V	Delete Delete	TITLE	7	Γ ,			Change	Addition
NAME	Weiss, Alex		NAME	إرت	shen,	Blenn			. `
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET A	_	~SO~	ne			
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-	ZIP					
TITLE	T	Delete Delete	TITLE	1 1	P		7	(Change	☐ Addition
NAME	PAPPAGALLO, MIKE.	<i>'</i> `	NAME	I DDDssoo	-	•	,		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET AL	•					;
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-	LIF .					
TITLE	S PRINCE	☐ Delete	TITLE	V	,	- -		☐ Change	Addition
NAME STREET ADDRESS	KAUDERER, BRUCE 3333 NEW HYDE PK. RD. 100		NAME STREET AU	ODRESS Y	غرسما	k, Joel I.			
HELF . NO DITIEGG	10000 RETT HIDE FIX. RD. 100		SINCEIN	/1000					j

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 impowered 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.

CITY-ST-ZIP

SIGNATURE:

NEW HYDE PK NY 11042

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR