

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004781 AF

DOCUMENT # L98000000882

1. Entity Name  
NEW YORK AT NORTHPORT, L.C.

00 APR 28 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12000 BISCAYNE BOULEVARD, PENTHOUSE 810  
MIAMI FL 33181-2742

Mailing Address  
12000 BISCAYNE BOULEVARD, PENTHOUSE 810  
MIAMI FL 33181-2727



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KUPERSTEIN, STANLEY H  
1428 BRICKELL AVENUE, 8TH FLOOR  
MAIMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
Thomas K. Ireland  
Street Address (P.O. Box Number is Not Acceptable)  
12000 Biscayne Blvd., #810  
City Miami FL 33181

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 Thomas K. Ireland 4/25/00

Signature, typed or printed name of registered agent and that applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME NORTHPORT INY, L.C.  
STREET ADDRESS 12000 BISCAYNE BOULEVARD, PENTHOUSE 810  
CITY-ST-ZIP MIAMI FL 33181-2742

TITLE MGR  
NAME IT'S NEW YORK, LLC  
STREET ADDRESS 5036B FOOTHILLS ROAD  
CITY-ST-ZIP LAKE OSWEGO OR 97034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME Apple INY, L.C.  
STREET ADDRESS 12000 Biscayne Blvd., #810  
CITY-ST-ZIP Miami, FL 33181-2742

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003250030--3  
-05/12/00--01029--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas K. Ireland Member,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Apple INY, L.C.

Daytime Phone #

CR2E083 (9/99)