

2001 UNIFORM BUSINESS REPORT (UBR)

0011462 AF

DOCUMENT # L98000000882

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

FILED

2001 MAY -2 PM 12:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

Mailing Address
12000 BISCAYNE BOULEVARD, PENTHOUSE 810
MIAMI FL 33181-2742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0849083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRELAND, THOMAS A
12000 BISCAYNE BLVD., SUITE 810
MAIMI FL 33181

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

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

5000004326335-4
-05/29/01--01150--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE MGR
NAME APPLE INY, L.C.
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 810
CITY-ST-ZIP MIAMI FL 33181-2742 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4-24-01

305-891-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)