

2001 UNIFORM BUSINESS REPORT (UBR)

0026787

DOCUMENT # L99000003259

1. Entity Name
U & A OAKLAND APARTMENTS L.L.C.

FILED
Feb 22, 2001 8:00 A.M.
Secretary of State

Principal Place of Business
1717 NORTHWEST 37TH STREET
OAKLAND PARK FL

Mailing Address
626 WEST MARKET STREET, 2ND FLOOR
LONG BEACH NY 11561-1719

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 65-0926862

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name UGO NARDONE

Street Address (P.O. Box Number is Not Acceptable)

800 BAILEY STREET

City BOCA RATON

FL

Zip Code

33487

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR NARDONE, UGO ☐ Delete
STREET ADDRESS 626 WEST MARKET STREET, 2ND FLOOR
CITY-ST-ZIP LONG BEACH NY 11561-1719

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

TITLE NAME MGR NARDONE, FRANK R ☐ Delete
STREET ADDRESS 626 WEST MARKET STREET, 2ND FLOOR
CITY-ST-ZIP LONG BEACH NY 11561-1719

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

TITLE NAME MGR NARDONE, BRUNO U ☐ Delete
STREET ADDRESS 626 WEST MARKET STREET, 2ND FLOOR
CITY-ST-ZIP LONG BEACH NY 11561-1719

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

TITLE NAME MGR NARDONE, ADRIANA ☐ Delete
STREET ADDRESS 626 WEST MARKET STREET, 2ND FLOOR
CITY-ST-ZIP LONG BEACH NY 11561-1719

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Ugo Nardone

2-19-01

516-359-0360

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

Date

Daytime Phone #

CR2E083 (11/00)