

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90036 004 \*\*\*\*\*50.00

**DOCUMENT # L99000003259**

1. Entity Name

**U & A OAKLAND APARTMENTS L.L.C.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARDONE, UGO  
 800 BAILEY ST.  
 BOCA RATON FL 33487**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **MGR.** ☒ Change ☐ Addition  
 NAME **UGO NARDONE**  
 STREET ADDRESS **800 BAILEY ST.**  
 CITY-ST-ZIP **BOCA RATON, FL. 33487**

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

TITLE **mgr** ☒ Change ☐ Addition  
 NAME **Frank Nardone**  
 STREET ADDRESS **315 Washington Blvd.**  
 CITY-ST-ZIP **Long Beach, N.Y. 11561**

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

TITLE **mgr** ☒ Change ☐ Addition  
 NAME **Bruno Nardone**  
 STREET ADDRESS **3005 Manor Street**  
 CITY-ST-ZIP **Yorktown Heights, NY 10598**

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

TITLE **MGR.** ☒ Change ☐ Addition  
 NAME **ADRIANA NARDONE**  
 STREET ADDRESS **800 BAILEY ST.**  
 CITY-ST-ZIP **BOCA RATON, FL. 33487**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*UGO NARDONE*

*3/6/02*

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

Date

Daytime Phone #

CR2E083 (9/01)