

# 2000 UNIFORM BUSINESS REPORT (UBR)

#366

DOCUMENT # A23359

1. Entity Name

FUNDAMENTAL HOPKINS-EASTON, LTD.

Principal Place of Business

300 GRECO AVENUE  
CORAL GABLES FL 33146

Mailing Address

300 GRECO AVENUE  
CORAL GABLES FL 33146-1811

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10165 NW 19 STREET

3. Mailing Address

10165 NW 19 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip 33172

Country

Zip 33172

Country

4. FEI Number

59-2409304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EASTON, EDWARD W  
300 GRECO AVE.  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

EASTON, EDWARD W.

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

10165 NW 19 STREET

City

MIAMI, FLORIDA

FL

Zip Code

33172

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

Edward W. Easton

04-07-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$2,288,355.60

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # 637242  
NAME FUNDAMENTAL MANAGEMENT CORP.  
STREET ADDRESS 201 S. BISCAYNE BLVD.  
CITY - ST - ZIP MIAMI FL

DOCUMENT # G93099900053  
NAME EASTON-HOPKINS-RICHARDSON PTRS  
STREET ADDRESS 300 GRECO AVE.  
CITY - ST - ZIP CORAL GABLES FL 33146

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 8567 CORAL WAY, SUITE # 138

CITY - ST - ZIP MIAMI, FLORIDA 33156

STREET ADDRESS 10165 NW 19 STREET

CITY - ST - ZIP MIAMI, FLORIDA 33172

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
Edward W. Easton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-07-00  
Date

(305)593-2222  
Daytime Phone #