

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002126 AV

02 APR 25 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A23359**

1. Entity Name  
**FUNDAMENTAL HOPKINS-EASTON, LTD.**

Principal Place of Business  
**10165 NW 19TH STREET  
MIAMI FL 33172**

Mailing Address  
**10165 NW 19TH STREET  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2002**

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  
10165 NW 19TH STREET  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	<b>637242</b>
NAME	<b>FUNDAMENTAL MANAGEMENT CORP.</b>
STREET ADDRESS	<b>8567 CORAL WAY, SUITE #138</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>
DOCUMENT #	<b>G93099900053</b>
NAME	<b>EASTON-HOPKINS-RICHARDSON PTRS</b>
STREET ADDRESS	<b>10165 NW 19TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33172</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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**-05/03/02--01110--005**  
**\*\*\*535.00 \*\*\*535.00**

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:** **EDWARD W. EASTON**

**APR 2 - 2002** **305-593-2222**

Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)