

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000253**

1. Entity Name

**ACTIVE INVESTORS II, LTD.**

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4000 HOLLYWOOD BLVD.  
SUITE 610N  
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD.  
SUITE 610N  
HOLLYWOOD FL 33021-6752

2. Principal Place of Business

865 S.W. 78 AVE.

3. Mailing Address

8567 Coral Way

Suite, Apt. #, etc.

Suite 100

City & State

Plantation, Florida

Zip

33324

Country

U.S.A.

City & State

Plantation, Florida

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City & State

Plantation, Florida

6. Name and Address of Current Registered Agent

CANO, DAMARIE  
4000 HOLLYWOOD BLVD.  
SUITE 610N  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Carl N. Singer**  
Street Address (P.O. Box Number is Not Acceptable)  
**865 S.W. 78 AVE**  
**Suite 100**  
City **Plantation** FL Zip Code **33324**

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 **Carl N. Singer** *Carl N. Singer* **2-4-2000**  
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.

**\$4,826,050.00**

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 **4000 HOLLYWOOD BLVD., STE. 610N**  
CITY - ST - ZIP **HOLLYWOOD FL 33021**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **865 S.W. 78 AVE #100**  
CITY - ST - ZIP **Plantation, FL 33324**

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**500003152035--1**  
**-02/29/00--01081--016**  
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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:

**Damarie Cano** *Damarie Cano* **2-4-2000**  
**Fundamental Mgmt Corporation** **(305) 228-3020**  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)