

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000081**

1. Entity Name

**CAPITAL PREFERRED YIELD FUND - II, LIMITED PART**

Principal Place of Business

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

7175 WEST JEFFERSON AVE.  
STE. 4000  
LAKEWOOD CO 80235-2336

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*% Corporation Service Co.*  
Suite, Apt. #, etc.  
*1013 Centre Road*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Wilmington DE*

Zip  
*19805*

Country

*New Castle*

4. FEI Number

**84-1184628**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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.

**\$1,402,606.54**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,238,081.00**

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 # **F93000005640**  
NAME **CAI EQUIPMENT LEASING III CORP.**  
STREET ADDRESS **7175 W. JEFFERSON AVE., STE. 4000**  
CITY - ST - ZIP **LAKEWOOD CO 80235**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**600003239076--1**  
**05/03/00-01159-022**  
**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Joseph F. Bukofski, V.P.*

Date

Daytime Phone #

CR2E003 (9/99)