

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000055359**1. Entity Name
FPL MAMONAL, INC.

Principal Place of Business

700 UNIVERSE BOULEVARD

JUNO BEACH

33408

FL

Mailing Address

ATTN: RITA W. COSTANTINO

700 UNIVERSE BOULEVARD

JUNO BEACH

33408

FL

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

65-0683833

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON J E
9250 WEST FLAGLER STREETMIAMI
33174

FL

US

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)

04/24/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME YACKIRA MICHAEL W
STREET ADDRESS 700 UNIVERSE BOULEVARD
CITY-ST-ZIP JUNO BEACH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME TANCER EDWARD F
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS ☐ Delete
NAME COSTANTINO RITA W
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DT ☐ Delete
NAME SAMIL DILEK L
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE DVT ☒ Change ☐ Addition
NAME MCGRATH ROBERT L
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE DV ☐ Delete
NAME HOFFMAN KENNETH P
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE DP ☒ Change ☐ Addition
NAME HAY III LEWIS
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE V ☐ Delete
NAME LEIGHTON MICHEAL L
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408TITLE DV ☒ Change ☐ Addition
NAME LEIGHTON MICHEAL L
STREET ADDRESS 700 UNIVERSE BLVD.
CITY-ST-ZIP JUNO BEACH FL 33408

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA W. COSTANTINO

AS

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)