

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # P96000087930

1. Entity Name
 FPL GROUP INTERNATIONAL SOUTH AMERICA II, INC.

| | |
|---|---|
| Principal Place of Business 700 UNIVERSE BLVD JUNO BEACH FL 33408 | Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD JUNO BEACH FL 33408 |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BLVD Suite, Apt. #, etc. |
|---|--|

| | |
|-------------------------------|-------------------------------|
| City & State JUNO BEACH FL | City & State JUNO BEACH FL |
| Zip 33408 | Country US |

| | |
|---|--|
| 4. FEI Number 65-0707915 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 STREET
 MIAMI FL 33174
 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 _____ DATE **03/03/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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 | | | |
|----------------------------|---------------------|---------------------------------|--|
| TITLE | AS | <input type="checkbox"/> Delete | |
| NAME | CARPENTER FRANCES M | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | S | <input type="checkbox"/> Delete | |
| NAME | TANCER EDWARD F | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | AT | <input type="checkbox"/> Delete | |
| NAME | CUTLER PAUL I | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | DT | <input type="checkbox"/> Delete | |
| NAME | SAMIL DILEK L | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | DP | <input type="checkbox"/> Delete | |
| NAME | LEIGHTON MICHAEL L | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | YACKIRA MICHAEL W | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|---------------------|--|-----------------------------------|
| TITLE | AS | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COSTANTINO RITA W | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEIGHTON MICHAEL L | | |
| STREET ADDRESS | 700 UNIVERSE BLVD | | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | | |
| TITLE | DP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | YACKIRA MICHAEL W | | |
| 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 03/03/2000