

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2001 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: RITA W. COSTANTINO 700 UNIVERSE BLVD JUNO BEACH FL 33408
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0707915</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

**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 **04/24/2001**  
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, 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	
TITLE AS <input type="checkbox"/> Delete	AS COSTANTINO RITA W
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete	S TANCER EDWARD F
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE AT <input type="checkbox"/> Delete	AT CUTLER PAUL I
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE DT <input type="checkbox"/> Delete	DT SAMIL DILEK L
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE DV <input type="checkbox"/> Delete	DV LEIGHTON MICHAEL L
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE DP <input type="checkbox"/> Delete	DP YACKIRA MICHAEL W
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	DT MCGRATH ROBERT L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DP HAY III LEWIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 UNIVERSE BLVD
STREET ADDRESS	JUNO BEACH FL 33408
CITY-ST-ZIP	

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)