

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000052156

1. Entity Name
FPL GROUP ARGENTINA, INC.

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|---|---|
| Principal Place of Business 700 UNIVERSE BLVD JUNO BEACH FL 33408 | Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD JUNO BEACH FL 33408 |
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|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BLVD Suite, Apt. #, etc. |
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|-------------------------------|------------------------------------|--|
| City & State JUNO BEACH FL | 4. FEI Number 65-0768769 | Applied For <input type="checkbox"/> Not Applicable |
|-------------------------------|------------------------------------|--|

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|--------------|---------------|--------------|---------------|---|
| Zip 33408 | Country US | Zip 33408 | Country US | 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 W. FLAGLER ST.
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 _____ (NOTE Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable

03/03/2000
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, 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 NAME CARPENTER FRANCES M STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BCH FL 33408 | <input type="checkbox"/> Delete |
| TITLE S NAME COYLE DENNIS P STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BCH FL 33408 | <input type="checkbox"/> Delete |
| TITLE TAS NAME SAMIL DILEK L STREET ADDRESS 700 UNIVERSE CITY-ST-ZIP JUNO BEACH FL 33408 | <input type="checkbox"/> Delete |
| TITLE DV NAME ACLAN J. MIGUEL STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BEACH FL 33408 | <input type="checkbox"/> Delete |
| TITLE DP NAME LEIGHTON MICHAEL L STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BEACH FL 33408 | <input type="checkbox"/> Delete |
| TITLE D NAME YACKIRA MICHAEL W STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BEACH FL 33408 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE AS NAME COSTANTINO RITA W STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BCH FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DV NAME LEIGHTON MICHAEL L STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BEACH FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DP NAME YACKIRA MICHAEL W STREET ADDRESS 700 UNIVERSE BLVD. CITY-ST-ZIP JUNO BEACH FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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

EDWARD F. TANCER
700 UNIVERSE BOULEVARD

JUNO BEACH, FL. 33408