


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90337 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000014622**

1. Entity Name  
**FPL ENERGY PARIS GP, INC.**



Principal Place of Business  
**700 UNIVERSE BOULEVARD  
 JUNO BEACH, FL 33408**

Mailing Address  
**ATTN: RITA W. COSTANTINO  
 700 UNIVERSE BOULEVARD  
 JUNO BEACH, FL 33408**

**90097263**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0901046**

Applied For  
 Not Applicable

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$650.00  
 Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GREEN, RONALD F<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>LEIGHTON, MICHAEL L<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>O'SULLIVAN, MICHAEL<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>COSTANTINO, RITA W<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>MCGRATH, ROBERT L<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TANCER, EDWARD F<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408 <input type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>ROBO, JAMES L<br>700 UNIVERSE BLVD.<br>JUNO BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT<br>SORENSEN, MARK R<br>700 UNIVERSE BLVD<br>JUNO BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita W. Costantino 4/10/2003 561-691-7267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rita W. Costantino, Assistant Secretary

CFR2034 (10/02)