2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H61082** May 09, 2000 8:00 am Secretary of State 1. Entity Name MONTENAY POWER CORP. 05-09-2000 90097 022 ***150.00 Principal Place of Business Mailing Address 3225 AVIATION AVENUE 3225 AVIATION AVENUE 4TH FLOOR 4TH FLOOR MIAMI FL 33133-4741 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2540394 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. [_] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DE SAINT-QUENTIN, AXEL STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE 4TH FL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition Change ... Delete TITLE TITLE SKOPP, FREDRIC M NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE 4TH FL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Addition Change ☐ Delete TITLE TITLE NAME PASSAGE, STEPHEN S NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE, 4 FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME MORTON, THOMAS A R STREET ADDRESS 3225 AVIATION AVE, 4 FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE ☐ Delete TITLE NAME TOWNSEND, STEVE H NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE, 4 FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME GILBERT, BENJAMIN NAME STREET ADDRESS STREET ADDRESS 3225 AVIATION AVE 4 FLOOR

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 enjacowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee en changed, or on an attachment with an addres all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

MIAMI FL 33133

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PR

Daytime Phone #