

# 2001 UNIFORM BUSINESS REGISTER (UBR)

**DOCUMENT # L00000005481**

1. Entity Name

**COCONUT GROVE POWER ASSETS, LLC.**

Principal Place of Business

AVENIDA LIBERTADOR  
QUINTA LL. LA FLORESTA 1060  
CARACAS, VENEZUELA

Mailing Address

AVENIDA LIBERTADOR  
QUINTA LL. LA FLORESTA 1060  
CARACAS, VENEZUELA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAZAR, LISA P**  
**1390 BRICKELL AVENUE, STE 200**  
**MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

000004034960--7

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **LOPEZ, VERONICA L**  
CITY-ST-ZIP **AVENIDA LIBERTADOR QUINTA LL**  
**CARACAS VENEZUELA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **MGR**  
STREET ADDRESS **LOPEZ, LIBERTAD**  
CITY-ST-ZIP **AV. LIBERTADOR. Q.LL**  
**CARACAS. VENEZUELA**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305.9512777  
April, 9th 2001

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE