## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2000 08:00 AM DOCUMENT # P96000055352 1. Entity Name **Secretary of State** FPL TERMOCANDELARIA, INC. Principal Place of Business Mailing Address 700 UNIVERSE BLVD. ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD. JUNO BEACH FL JUNO BEACH FL 33408 33408 2. Principal Place of Business 3. Mailing Address ATTN; RITA W. COSTANTINO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 700 UNIVERSE BLVD. City & State City & State 4. FEI Number Applied For JUNO BEACH FL 65-0684354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 9250 WEST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI $\mathbf{FL}$ 33174 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. 03/03/2000 SIGNATURE 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME YACKIRA MICHAEL STREET ADDRESS STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH 33408 TITLE ☐ Delete TITLE X Change ☐ Addition NAME EDWARD NAME TANCER TANCER EDWARD STREET ADDRESS 700 UNIVERSE BLVD. STREET ACCRESS 700 UNIVERSE BLVD. CITY-ST-ZIF JUNO BEACH FI. 33408 CITY-ST-718 JUNO BEACH FT. 33408 ☐ Delete TITLE TILE X Change ☐ Addition NAME CARPENTER FRANCES NAME COSTANTINO W STREET ADDRESS 700 UNIVERSE BLVD. 700 UNIVERSE BLVD. STREET ADDRESS CITY-ST-ZIP JUNO BEACH 33408 CITY-ST-ZIP JUNO BEACH 33408 TITLE DT ☐ Defete TITLE DT X Change ☐ Addition NAME BOYLAN PETER NAME SAMIL DILEK STREET ADDRESS 700 UNIVERSE BLVD. 700 UNIVERSE BLVD. STREET ADDRESS CITY-ST-ZIP JUNO BEACH 33408 JUNO BEACH FL. 33408 FL. CITY-ST-ZIP TITLE DΡ $\mathbf{DV}$ ☐ Delete TITLE X Change ☐ Addition NAME LEIGHTON MICHAEL L. NAME LEIGHTON MICHAEL L. STREET ADDRESS 700 UNIVERSE BLVD. 700 UNIVERSE BLVD. STREET ADDRESS CITY-ST-ZIP JUNO BEACH FL 33408 JUNO BEACH FL33408 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Addition Change NAME HOFFMAN KENNETH NAME STREET ADDRESS 700 UNIVERSE BLVD. STREET ADDRESS CITY-ST-ZIP JUNO BEACH 33408 CITY-ST-7/8

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.