

# 2000 UNIFORM BUSINESS REPORT (UBR)

020348

DOCUMENT # F71535

1. Entity Name  
**TERREMARK HOLDINGS, INC.**

**FILED**  
**00 MAR 30 PM 1:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, PH-1 MIAMI FL 33133	Mailing Address 2601 SOUTH BAYSHORE DRIVE, PH-1 MIAMI FL 33133-5417
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2298164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

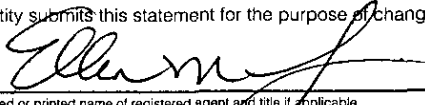
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOODKIND, BRIAN K**  
**2601 SOUTH BAYSHORE DRIVE**  
**SUITE 1600**  
**MIAMI FL 33133**

Name <b>Ellen M. Leibovitch</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2601 South Bayshore Drive</b>		
<b>Suite 1600</b>		
City <b>Miami</b>	FL	Zip Code <b>33133</b>

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  Ellen M. Leibovitch 1/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 <b>PDT</b>	<input type="checkbox"/> Delete
NAME <b>MEDINA, MANUEL D.</b>	
STREET ADDRESS <b>2601 SOUTH BAYSHORE DR., PH-1</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>GOODKIND, BRIAN K</b>	
STREET ADDRESS <b>2601 SO. BAYSHORE DR., SUITE 1600</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>	
TITLE <b>VDAS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PEREZ CISNEROS, TERESA</b>	
STREET ADDRESS <b>2601 SO. BAYSHORE DR., PH-1</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300003214279--?</b>
STREET ADDRESS	<b>-04/19/00--01040--010</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<b>D, Sr.VP,S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2601 S. Bayshore Dr., PH-1</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP</b>
STREET ADDRESS	<b>Finvarb, Robert I.</b>
CITY-ST-ZIP	<b>2601 S. Bayshore Drive, PH-1</b>
CITY-ST-ZIP	<b>Miami, FL 33133</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  Brian K. Goodkind 3/23/00 (305) 860-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)