

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90338 012 ***150.00

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

DOCUMENT # F00000002679

1. Entity Name
TERREMARK WORLDWIDE, INC.



Principal Place of Business
2601 S BAYSHORE DR
COCONUT GROVE, FL 33133

Mailing Address
2601 S BAYSHORE DR
COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **84-0873124**
52-1989122

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBOVITCH, ELLEN M
ADORNO & ZEDER PA
2601 S BAYSHORE DR 16TH FLOOR
MIAMI, FL 33133

Name **ROBERT D. SICHTA**

Street Address (P.O. Box Number is Not Acceptable)

2601 S. BAYSHORE DR, 9TH FLOOR

City **MIAMI**

FL Zip Code **33133**

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

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

(NOTE: Registered Agent Signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP** ☐ Delete
STREET ADDRESS **MEDINA, MANUEL D**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GUILLERMO AMORE**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **WRIGHT, JOSEPH R**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MIGUEL J. ROSENFELD**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **SCHLEICHER, JOEL A**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JOSE MARIA FIGUERES-OLSEN**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **ROSEN, MARVIN S**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **EVP**
STREET ADDRESS **BRIAN K. GOODKIND**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **STARR, KENNETH I**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **VP S**
STREET ADDRESS **JOSE E GONZALEZ**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **ELWES, TIMOTHY**
CITY-ST-ZIP **2601 S BAYSHORE DR**
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME **ASST. S**
STREET ADDRESS **ROBERT D. SICHTA**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DR.**
COCONUT GROVE, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)