

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15712

1. Entity Name

TERREMARK CENTRE, LTD.

Principal Place of Business

329 GRANELLO AVE
CORAL GABLES FL 33146

Mailing Address

329 GRANELLO AVE
CORAL GABLES FL 33146-1806

2. Principal Place of Business

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Penthouse 1

City & State

Miami, FL

Zip
33133

Country
USA

3. Mailing Address

2601 South Bayshore Drive

Suite, Apt. #, etc.

Penthouse 1

City & State

Miami, FL

Zip
33133

Country
USA

4. FEI Number

59-2340999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES REGISTERED AGENTS, INC.

329 GRANELLO AVE

CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Ellen M. Leibovitch, Esq.

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

Adorno & Zeder, P.A.

2601 South Bayshore Drive, Suite 1600

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.

SIGNATURE

, Ellen M. Leibovitch

March 13, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$14,247,822.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000034574
NAME TERREMARK CENTRE, INC.
STREET ADDRESS 2601 S. BAYSHORE DR., #1600
CITY - ST - ZIP MIAMI FL 33133

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

By: **SIGNATURES REQUIRED**

Brian K. Goodkind, VP

3/23/00

305-860-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 APR -6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE