

2000 UNIFORM BUSINESS REPORT (UBR)

000007

DOCUMENT # F17109

1. Entity Name

TERREMARK DEVELOPMENT, INC.

FILED

00 MAR 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number	59-2055691	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIBOVITCH, ELLEN M
2601 SOUTH BAYSHORE DRIVE
SUITE #1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

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	PDT <input type="checkbox"/> Delete
NAME	MEDINA, MANUEL D
STREET ADDRESS	2601 SOUTH BAYSHORE DR., PH-1
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DVPS <input type="checkbox"/> Delete
NAME	GOODKIND, BRIAN K
STREET ADDRESS	2601 S BAYSHORE DR, PH 1
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DP <input type="checkbox"/> Delete
NAME	KATZ, MICHAEL L
STREET ADDRESS	2601 S BAYSHORE DR, PH1
CITY-ST-ZIP	MIAMI FL 3333
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	PICOT, ROSALIA
STREET ADDRESS	2601 S BAYSHORE DR, PH 1
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DP <input type="checkbox"/> Delete
NAME	PADRON, IRVING A
STREET ADDRESS	2601 S BAYSHORE DR PH1
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D,VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100003214291--0
CITY-ST-ZIP	-04/19/00--01040--017
TITLE	****150.00 <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	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Finvarb, I.
STREET ADDRESS	2601 S. Bayshore Drive, PH-1
CITY-ST-ZIP	Miami, FL 33133
TITLE	D,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Padron, Irving A., Jr.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Biondi, William J.
STREET ADDRESS	2601 S. Bayshore Dr., PH-1
CITY-ST-ZIP	Miami, FL 33133

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: **SIGNATURE REQUIRED** Brian K. Goodkind 3/03/00 (305) 860-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)