

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 006 ***150.00

DOCUMENT # P00000044426

1. Entity Name
TERRENAP DATA CENTERS, INC.



Principal Place of Business
**2601 SOUTH BAYSHORE DR., NINTH FLOOR
MIAMI, FL 33133**

Mailing Address
**2601 SOUTH BAYSHORE DR., NINTH FLOOR
MIAMI, FL 33133**

60018645



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
66-1008925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEIBOVITCH, ELLEN M
2601 SOUTH BAYSHORE DR.
SUITE 1600
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **ROBERT D. SICHTA**

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

2601 SOUTH 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

ROBERT D. SICHTA

3-25-03

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

TITLE **D** ☐ Delete
NAME **MEDINA, MANUEL D**
STREET ADDRESS **2601 SOUTH BAYSHORE DR., NINTH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **DP** ☐ Delete
NAME **GOODKIND, BRIAN K**
STREET ADDRESS **2601 SOUTH BAYSHORE DR., NINTH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **DS** ☐ Delete
NAME **GONZALEZ, JOSE E**
STREET ADDRESS **2601 S. BAYSHORE DR, 9TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **AS** ☐ Delete
NAME **SICHTA, ROBERT D**
STREET ADDRESS **2601 S. BAYSHORE DR, 9TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

ROBERT D. SICHTA

ADT SECRETARY

3-25-03

305-856-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)