

FILED
Jun 02, 2003 8:00 am
Secretary of State

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04-14-2003 90338 007 ***150.00

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

DOCUMENT # P02000108615			
1. Entity Name TERREMARK MEDNAP, 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
4. FEI Number 72-1536674		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JOSE 2601 S BAYSHORE DR COCONUT GROVE, 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	D MEDINA, MANUEL D 2601 S BAYSHORE DR COCONUT GROVE, FL 33133		AS ROBERT D. SCHAFF 2601 S BAYSHORE DR, 9TH FLOOR MIAMI, FL 33133
	D GOODKIND, BRIAN 2601 S BAYSHORE DR COCONUT GROVE, FL 33133		
	D GONZALEZ, JOSE E 2601 S BAYSHORE DR COCONUT GROVE, FL 33133		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
Change ☐ Addition ☒			
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. SCHAFF, AGT. SECRETARY 3-25-03 305-856-3200			

72-1536674

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CHECK HERE IF MAKING CHANGES

CP2034 (10/02)