

2000 UNIFORM BUSINESS REPORT (UBR)

0201884

DOCUMENT # P94000081455

1. Entity Name

TERREMARK BRICKELL, INC.

FILED

00 MAR 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2601 S BAYSHORE DR PH-1
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR 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

Zip

Country

4. FEI Number

65-0532523

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

GOODKIND, BRIAN K
2601 S BAYSHORE DR PH-1
MIAMI FL 33133

Name

Ellen M. Leibovitch

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

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

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

Ellen M. Leibovitch

(NOTE: Registered Agent signature required when reinstating)

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PDT
STREET ADDRESS MEDINA, MANUEL D
CITY-ST-ZIP 2601 S. BAYSHORE DR. PH1
MIAMI FL 33123

TITLE ☒ Change ☐ Addition
NAME D,P
STREET ADDRESS 200003214298--9
CITY-ST-ZIP -04/19/00--01040--015
***150.00 ***150.00

TITLE ☐ Delete
NAME S
STREET ADDRESS GOODKIND, BRIAN K
CITY-ST-ZIP 2601 S. BAYSHORE DR. 1600
MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME D,VP,S
STREET ADDRESS 2601 S. Bayshore Dr., PH-1
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVAS
STREET ADDRESS PEREZ-CISNEROS, TERESA
CITY-ST-ZIP 2601 BAYSHORE DR. PH1
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Padron, Irving A., Jr.
CITY-ST-ZIP 2601 S. Bayshore Drive, PH-1
Miami, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Finvarb, Robert I.
CITY-ST-ZIP 2601 S. Bayshore Drive, PH-1
Miami, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Goodkind 3/23/00 (305) 860-7878

Date

Daytime Phone #

CR2E034 (9/99)