2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

03 APR 22 AM 9: 04 DOCUMENT # P94000081455 SECRETARY OF STATE ALLAHASSEE, FLORIDA 1. Entity Name TERREMARK FORTUNE HOUSE #1, INC. Principal Place of Business Mailing Address 2601 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE 9TH FLOOR 9TH FLOOR MIAMI, FL 33133 **NIANI**; FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0532523 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KABISET J. SICHTA LEIBOVITCH, ELLEN M 2601 S. BAYSDRIVE DRIVE Street Address (P.O. Box Number is Not Acceptable) 9TH FLOOR MIAMI, FL 33133 0) Sway BAYSHORK STH FLOWE City ודשות 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 register KOBBET D. S)CHTA -25-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWITH FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) Delete ■ Addition TITLE TITLE ☐ Change MEDINA, MANUEL D NAME NAME 2601 S. BAYSHORE DR. 9TH FLOOR STREET ADDRESS STREET ADDRESS 900016984569 MIAMI, FL 33123 CITY-ST-7P 04/25/03--01001--033 **150.00 City-St-7IP TITLE DVP ☐ Delete TITLE □ Change Addition NAMÉ GOODKIND, BRIAN K NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE, 9TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-21P TIBLE Delete 10LE ☐ Change Addition NAME GONZALEZ, JOSE & NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE, 9TH FLOOR STREET ADDRESS CITY-ST-ZP MIAMI, FL 33133 CITY-ST-2IP Addition TITLE ☐ Delete TITLE ☐ Change SICHTA, ROBERT D NAME NAME 2601 S. BAYSHORE DRIVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29 TITLE ☐ Delete TITLE Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P 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 trusted 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 attagment with a particles, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

g/ 4/23

Davime Phone #

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