

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90518 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034574

1. Entity Name

TERREMARK CENTRE, INC. ✓

Principal Place of Business

C/O PRIVATE TRUST CORPORATION
PO BOX N-65, CHARLOTTE STREET
NASSAU, BAHAMAS

Mailing Address

C/O KARP & GENAUER
2 ALHAMBRA PLAZA, #1202
CORAL GABLES FL 33134

00025098

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0675916

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLAZA
SUITE 1202
MIAMI FL 33134

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 of hybrid or printed name of individual agent and title if applicable.

(NOTE: Two printed agent signatures required when representing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

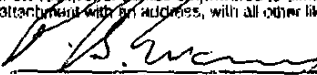
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PO	EVANS, PETER B	PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST	NASSAU, BAHAMAS	☐
DU	CROSBIE-JONES, ADRIAN	PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST	NASSAU, BAHAMAS	☐
DGT	CARPENTER, ROGER	PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST	NASSAU, BAHAMAS	☐
				☐
				☐
				☐

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

13. I hereby certify that the information supplied with this filing does not indicate a change in the information provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute, change, or on an attachment with an address, with all other like information, as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 

Peter B. Evans, President

1/29/01 (242) 323-8574

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

DATE

SIGNATURE FROM 11