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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	Mailing Address
C/O PRIVATE TRUST CORPORATION PO BOX N-65, CHARLOTTE STREET NASSAU, BAHAMAS	C.O KARP & GENAUER 2 ALHAMBRA PLAZA, #1202 CORAL GABLES FL 33134

D0025098

DO NOT WRITE IN THIS SPACE

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 65-0675916 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD EVANS, PETER B PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST NASSAU, BAHAMAS	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CROSBIE-JONES, ADRIAN PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST NASSAU, BAHAMAS	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CARPENTER, ROGER PO BOX N-65, CHARLOTTE HOUSE, CHARLOTTE ST NASSAU, BAHAMAS	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not [illegible] 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 [illegible] have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or [illegible] authorized to execute [illegible] 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 [illegible]

SIGNATURE: P. B. Evans Peter B. Evans, President 1/29/01 (242) 323-8574
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #