

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

FILED

02 APR -9 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 198000005909
1. Entity Name
Terremark Brickell Retail, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *c/o Millennium Partners, Corporate Compliance*
Suite, Apt. #, etc. 1995 Broadway
City & State New York, NY
Zip 10023 Country USA

3. Mailing Address *c/o Millennium Partners, Corporate Compliance*
Suite, Apt. #, etc. 1995 Broadway
City & State New York, NY
Zip 10023 Country USA

4. FEI Number 65-0733626 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road.
City Plantation **FL** Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

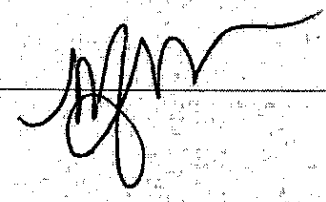
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	PD	TITLE	
NAME	Christopher M. Jeffries	NAME	
STREET ADDRESS	c/o Millennium Partners	STREET ADDRESS	
CITY-ST-ZIP	1995 Broadway, New York, NY 10023	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Philip E. Aarons	NAME	
STREET ADDRESS	c/o Millennium Partners	STREET ADDRESS	
CITY-ST-ZIP	1995 Broadway, New York, NY 10023	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Philip H. Lovett	NAME	
STREET ADDRESS	c/o Millennium Partners	STREET ADDRESS	
CITY-ST-ZIP	1995 Broadway, New York, NY 10023	CITY-ST-ZIP	
TITLE	VASD	TITLE	
NAME	Steven L. Hoffman	NAME	
STREET ADDRESS	c/o Millennium Partners	STREET ADDRESS	
CITY-ST-ZIP	1995 Broadway, New York, NY 10023	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	Brian J. Collins	NAME	
STREET ADDRESS	c/o Millennium Partners	STREET ADDRESS	
CITY-ST-ZIP	1995 Broadway, New York, NY 10023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE



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 on an attachment with an address, with all other like empowered.

SIGNATURE: Philip H. Lovett, Vice President / 31 / 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)