

10F2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 10 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


400023279694

09/23/03--01047--014 **550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000005909**

1. Filing Name
Terremark Brickell Retail, Inc.



DO NOT WRITE IN THIS SPACE

2. Physical Place of Business c/o Millennium Ptrs, 1995 Broadway		3. Mailing Address c/o Millennium Ptrs, 1995 Broadway	
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor	
City & State New York, NY		City & State New York, NY	
Zip 10023	Country USA	Zip 10023	Country USA

4. FBI Number 65-0820520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Fetched <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CT Corporation System 1200 South Pine Island Rd.	
	Street Address (P.O. Box Number is Not Acceptable)	
	City Plantation	Zip Code FL 33324

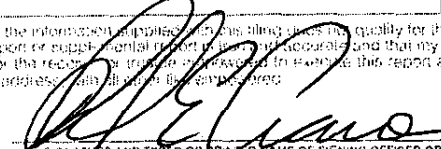
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the qualifications of registered agent.

SIGNATURE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	See Attached	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied in this filing complies with the provisions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in 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 recipient of the report as provided in law, and that this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, and all other, that are required.

SIGNATURE:  **Philip E. Aarons**
Vice President

9/9/03

CR2E0346 (12/02)

Title V/D
Name Philip E. Aarons
Street Address c/o Millennium Partners, 1995 Broadway
City, State & Zip New York, New York 10023

Title V/S/D
Name Brian J. Collins
Street Address c/o Millennium Partners, 1995 Broadway
City, State & Zip New York, New York 10023

Title V/T/AS
Name Steven L. Hoffman
Street Address c/o Millennium Partners, 1995 Broadway
City, State & Zip New York, New York 10023

Title P/D
Name Christopher M. Jeffries
Street Address c/o Millennium Partners, 1995 Broadway
City, State & Zip New York, New York 10023

Title V/D
Name Philip H. Lovett
Street Address c/o Millennium Partners, 1995 Broadway
City, State & Zip New York, New York 10023