

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089762

1. Entity Name

TERREMARK MIAMI AVENUE, INC.

Principal Place of Business

2601 S. BAYSHORE DRIVE, PH-1
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE, PH-1
MIAMI FL 33133-5417

FILED

00 MAR 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 65-0877310

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

LEIBOVITCH, ELLEN M ESQ.
2601 S. BAYSHORE DRIVE, PH-1
MIAMI FL 33133

Name

Ellen M. Leibovitch

Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Dr.-

Suite 1600

City
Miami

FL

Zip Code
33133

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, typed or printed name of registered agent and title if applicable.

Ellen M. Leibovitch

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MEDINA, MANUEL D	2601 S. BAYSHORE DRIVE, PH-1	MIAMI FL 33133	<input type="checkbox"/>
D	GOODKIND, BRIAN K	2601 S. BAYSHORE DRIVE, PH-1	MIAMI FL 33133	<input type="checkbox"/>
D	PEREZ-CISNEROS, TERESA	2601 S. BAYSHORE DRIVE, PH-1	MIAMI FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D,P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D,VP,S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	Padron, Irving A., Jr.	2601 S. Bayshore Dr., PH-1	Miami, FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Finvarb, Robert I.	2601 South Bayshore Drive, PH-1	Miami, FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Goodkind

3/23/00

(305) 860-7878

Date

Daytime Phone #

CR2E034 (9/99)