2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000057411** 1. Entity Name TERREMARK GALLOWAY, INC. -04-30-2001 90026 042 ***150.00 Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE PENTHOUSE ONE PENTHOUSE ONE MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935599 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIBOVITCH, ELLEN M Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE PENTHOUSE ONE **MIAMI FL 33133** City Zip Cade 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 Fiorida SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Addition TIT: F MEDINA, MANUEL D NAME Transpert D. SICHTA 2601 S. Daystons Da. 984 FZ NAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, PH ONE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP MIAMI, DEVS TITLE ☐ Delete TITLE Change Addition GOODKIND, BRIAN K NAME NAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, PH ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33133 DΡ THILE ☐ Delete TITLE ☐ Chance Addition KATZ, MICHAEL L NAME NAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, PH ONE STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP MIAMI FL 33133 TITLE ☐ Delete TITLE ☐ Chacge ☐ Addition NAME BIONDI, WILLIAM J MAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, PH ONE STREET ADORESS C!TY-ST-ZIP MIAMI FL 33133 C!TY-ST-ZIP DVPT TITLE ☐ Delete TITLE Addition NAME PADRON, IRVING A JR NAME STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, PH ONE STREE! ADDRESS CITY-ST-7iP **MIAMI FL 33133** CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Chance Addition

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 roport as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this roport as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this roport as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this roport as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this roport as required by Chapter 607. changed, or on an attachment w with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

JACOBSEN, EDWARD P

MIAMI FL 33133

2601 SOUTH BAYSHORE DRIVE, PH ONE

CR2E034 (10/00)