

2000 UNIFORM BUSINESS REPORT (UBR)

0202762

DOCUMENT # P99000101550

1. Entity Name

TERREMARK CENTRE GP, INC.

FILED

00 MAR 30 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	Mailing Address 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133-5417
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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 65-0967284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIBOVITCH, ELLEN M 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133

7. Name and Address of New Registered Agent	
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 _____ (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)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MEDINA, MANUEL D 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D GOODKIND, BRIAN K 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D KATZ, MICHAEL L 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BIONDI, WILLIAM J 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D PADRON, IRVING A JR 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D JACOBSEN, EDWARD P 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI FL 33133	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7000003214267--4 -04/19/00--01040--001 ****300.00 ****150.00	
D,EVP,S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D,VP,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
see Attachment "A"	

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: **Brian K. Goodkind** 3 03/00 (305) 860-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT "A"

Terremark Centre GP, Inc.
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12. (Continued)

Title:	VP	X Addition
Name:	Finvarb, Robert I.	
Street Address:	2601 S. Bayshore Dr., PH-1	
City-St-Zip:	Miami, FL 33133	