

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101550

1. Entity Name

TERREMARK CENTRE GP, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90026 005 \*\*\*150.00

Principal Place of Business

2601 S BAYSHORE DR PENTHOUSE ONE  
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR PENTHOUSE ONE  
MIAMI FL 33133

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

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  
2601 S BAYSHORE DR SUITE 1600  
MIAMI FL 33133

Name

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

City

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

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

(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, 2001 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 D ☐ Delete  
NAME MEDINA, MANUEL D  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

VP ☐ Change ☒ Addition  
NAME ROBERT FINVARD  
STREET ADDRESS 2601 S. BAYSHORE DR, 9TH FL  
CITY-ST-ZIP MIAMI, FL 33133

TITLE DEVS ☐ Delete  
NAME GOODKIND, BRIAN K  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

VPS ☐ Change ☒ Addition  
NAME JOSE E. GONZALEZ  
STREET ADDRESS 2601 S. BAYSHORE DR, 9TH FL  
CITY-ST-ZIP MIAMI, FL 33133

TITLE DP ☐ Delete  
NAME KATZ, MICHAEL L  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

AS ☐ Change ☒ Addition  
NAME ROBERT D. SICHTA  
STREET ADDRESS 2601 S. BAYSHORE DR, 9TH FL  
CITY-ST-ZIP MIAMI, FL 33133

TITLE DVP ☐ Delete  
NAME BIONDI, WILLIAM J  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE DVPT ☐ Delete  
NAME PADRON, IRVING A JR  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE DVP ☐ Delete  
NAME JACOBSEN, EDWARD P  
STREET ADDRESS 2601 S BAYSHORE DR PENTHOUSE ONE  
CITY-ST-ZIP MIAMI FL 33133

☐ Change ☐ Addition

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

ROBERT D. SICHTA, ASST. SECRETARY

Date

Daytime Phone #

4/30/01 305-856-3201

CR2E034 (10/00)