

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001132

1. Entity Name

COSCAN METROPOLITAN L.L.C.

APPROVED  
AND  
FILED

00 MAY -2 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

AVENTURA CORPORATE CENTER, SUITE 103  
20803 BISCAYNE BOULEVARD  
AVENTURA FL 33180

Mailing Address

AVENTURA CORPORATE CENTER, SUITE 103  
20803 BISCAYNE BOULEVARD  
AVENTURA FL 33180

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

65-0893817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LEON J ESQ

C/O BERMAN WOLFE & RENNERT, P.A.

100 SE SECOND ST., 3500 NATIONSBANK TOWER

MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS BROOKFIELD DEVELOPERS FLORIDA, LLC  
CITY- ST- ZIP 20803 BISCAYNE BLVD., SUITE 103  
AVENTURA FL 33180 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *By Brookfield Developers Florida LLC*  
*Signature of David Burris* Vice Pres.

5/1/00

(305)  
935-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)