

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000688**

1. Entity Name

**WORLD OMNI AUTO LEASING II L.P.**

FILED

00 JUL 18 PM 2:54

SECRETARY OF STATE



Principal Place of Business

100 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

Mailing Address

100 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442-1702

2. Principal Place of Business

**6150 OMNI PARK DR**  
Suite, Apt. #, etc.

3. Mailing Address

**100 NW 12TH AVE**  
Suite, Apt. #, etc.  
**LEGAL DEPT JHDF018**

City & State

**Mobile AL**

City & State

**DEERFIELD BEACH FL**

4. FEI Number

**58-2429528** **APPLIED FOR**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**36609**

Country

**USA**

Zip

**33442**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**G T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$999.00**

10. Amount of Capital Contributions in FLORIDA to date.

**30,061,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M98000001426**  
NAME **WORLD OMNI AUTO LEASING II LLC**  
STREET ADDRESS **6150 OMNI PARK DRIVE**  
CITY - ST - ZIP **MOBILE AL 36609**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**526.25**

STREET ADDRESS

CITY - ST - ZIP

**000003272640--8**

**-05/31/00--01088--027**

**\*\*\*1578.75 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**WORLD OMNI AUTO LEASING II L.P. a general partner**

SIGNATURE: **JOHN J. WHELAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**07/27/00 954-429-2000**

**SECRETARY**