

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #M99000000585

1. Entity Name

World Omni Auto Receivables LLC

Principal Place of Business

6150 Omni Park Drive
Mobile AL 36609

Mailing Address

6150 Omni Park Drive
Mobile AL 36609

2. Principal Place of Business

3. Mailing Address

100 NW 12th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
JMDF018

City & State

City & State
Deerfield Beach, FL

Zip

Country

Zip

33442

Country
USA

4. FEI Number

52-2184798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation FL 33324

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.

(NOT Registered Agent signature required when reinstating)

DATE

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

6000004274826--3
-05/21/01--01183--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME World Omni Financial Corp.
STREET ADDRESS 100 NW 12th Avenue
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE MGRM ☒ Change ☐ Addition
NAME World Omni Financial Corp.
STREET ADDRESS 190 NW 12th Avenue
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

John J. Whelan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John J. Whelan
Secretary

04/30/2001

954-420-4617

Date

Daytime Phone #

FILED
01 MAY -1 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (11/00)