

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90137 044 \*\*\*\*50.00

0030553

**DOCUMENT # M01000001113**

1. Entity Name

**WOFCO COMMERCIAL HOLDINGS LLC**



Principal Place of Business

**190 NW 12TH AVE.  
DEERFIELD BEACH FL 33442**

Mailing Address

**100 NW 12TH AVE  
LEGAL DEPT JMFDF018  
DEERFIELD BEACH FL 33442**

**30058404**



2. Principal Place of Business

**190 JIM MORAN BLVD.  
Suite, Apt. #, etc.**

3. Mailing Address

**100 JIM MORAN BLVD.  
Suite, Apt. #, etc. LEGAL DEPT  
MAILDROP JMFDF018**

☐ CHECK HERE IF MAKING CHANGES

City & State

**DEERFIELD BEACH FL**

City & State

**DEERFIELD BEACH FL**

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**

4. FEI Number

**65-1104821**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **WORLDOMNI, FINANCIAL CORP**  
STREET ADDRESS **190 NW 12TH AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **WORLD OMNI FINANCIAL CORP.**  
STREET ADDRESS **190 JIM MORAN BLVD.**  
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  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)