

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001144

1. Entity Name

WORLD OMNI LEASE SECURITIZATION LLC

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6150 OMNI PARK DRIVE  
MOBILE AL 36609

Mailing Address

100 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

111 NW 12th Avenue  
Suite, Apt. #, etc. legal Dept. JMFDF018  
City & State Deerfield Beach, FL  
Zip 33442 Country USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0471256

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

C T 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9000003912009---3  
-03/27/01--01060--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS WORLD OMNI FINANCIAL CORP.  
CITY-ST-ZIP 100 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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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)(l), 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

JOHN J. WHELAN

03/07/01

954-420-4617

Date

Daytime Phone #

CR2E083 (11/00)