

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014868  
AF

DOCUMENT # M98000001426

1. Entity Name  
WORLD OMNI AUTO LEASING II LLC

00 APR 18 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6150 OMNI PARK DRIVE  
MOBILE AL 36609

Mailing Address  
6150 OMNI PARK DRIVE  
MOBILE AL 36609-5195



2. Principal Place of Business

3. Mailing Address

100 NW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL Dept - JMD FOR MDM

City & State

City & State

DEERFIELD BEACH FL

4. FEI Number

65-0879320

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

USA

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100003236451--4  
-05/03/00--01031--001  
\*\*\*\*\*250.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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  
SECRETARY

Date

Daytime Phone #

4/12/00 954-429-2000

CR2E083 (9/99)