

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 18 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014868  
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**DOCUMENT # M98000001426**

1. Entity Name  
**WORLD OMNI AUTO LEASING II LLC**

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: Suite, Apt. #, etc.  
City & State: **DEERFIELD BEACH FL**  
Zip: **33442** Country: **USA**

3. Mailing Address: **100 NW 12TH AVENUE**  
Suite, Apt. #, etc.: **REGAL Dept - JMD FOR MDM**  
City & State: **DEERFIELD BEACH FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0879320**  
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.

SIGNATURE: \_\_\_\_\_ (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	<b>MGRM WORLD OMNI FINANCIAL CORP. 120 NW 12TH AVENUE DEERFIELD BEACH FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003236451--4</b> <b>-05/03/00--01031--001</b> <b>*****250.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. WITELAN **JOHN J. WITELAN**  
SECRETARY **4/12/00** 954-429-2000  
Date Daytime Phone #

CR2E083 (9/99)