

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2003 90137 045 *****50.00

DOCUMENT # M98000001426

1. Entity Name

WORLD OMNI AUTO LEASING II LLC



Principal Place of Business

**6150 OMNI PARK DRIVE
MOBILE AL 36609**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

100 JIM MORAN BLVD.

Suite, Apt. #, etc. LEGAL DEPT

MAILDROP JMFDF018

CITY & STATE DEERFIELD BEACH FL

Zip 33442 Country USA



☐ CHECK HERE IF MAKING CHANGES

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

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. 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

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **WORLD OMNI FINANCIAL CORP.**
STREET ADDRESS **100 JIM MORAN BLVD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

JOHN J. WHELAN

SECRETARY 04/10/03 954 420-4617

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

Date

Daytime Phone #

CR2E083 (10/02)