

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014889 AF

DOCUMENT # M99000000585

1. Entity Name  
WORLD OMNI AUTO RECEIVABLES 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2184798

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

mm

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 RECEIVABLES CORP  
100 NW 12TH AVE  
DEERFIELD BEACH FL 33442

☒ Delete

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

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP  
100003234801--2  
-05/02/00--01038--016  
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☐ Change ☐ Addition

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☐ 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.

WORLD OMNI AUTO RECEIVABLES LLC  
By: WORLD OMNI FINANCIAL CORP. managing member  
SIGNATURE: *[Signature]*

JOHN W. WELLS  
SECRETARY  
Date 4/13/00 954-129-2000  
Daytime Phone #

CR2E083 (9/99)