

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000688**

1. Entity Name

WORLD OMNI AUTO LEASING II L.P.

FILED

00 JUL 18 PM 2:54

SECRETARY OF STATE



Principal Place of Business

100 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address

100 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442-1702

2. Principal Place of Business

6150 OMNI PARK DR
Suite, Apt. #, etc.

3. Mailing Address

100 NW 12TH AVE
Suite, Apt. #, etc.
LEGAL DEPT JHDF018

City & State

Mobile AL

City & State

DEERFIELD BEACH FL

4. FEI Number

58-2429528 **APPLIED FOR**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

36609

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

G 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$999.00

10. Amount of Capital Contributions in FLORIDA to date.

30,061,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M98000001426**
NAME **WORLD OMNI AUTO LEASING II LLC**
STREET ADDRESS **6150 OMNI PARK DRIVE**
CITY - ST - ZIP **MOBILE AL 36609**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

526.25

STREET ADDRESS

CITY - ST - ZIP

000003272640--8

-05/31/00--01088--027

*****1578.75 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

WORLD OMNI AUTO LEASING II L.P. a general partner
BY: WORLD OMNI AUTO LEASING II LLC

SIGNATURE:

JOHN J. WHELAN

07/27/00

954-429-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SECRETARY