

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90184 019 \*\*\*150.00

0219445 AV

**DOCUMENT # P97000067651**



**1. Entity Name**  
**WESHAM INCORPORATED**

**Principal Place of Business**  
520 BRICKELL KEY DRIVE  
0-305  
MIAMI FL 33131

**Mailing Address**  
520 BRICKELL KEY DRIVE  
0-305  
MIAMI FL 33131

11010282



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**      **65-0774458**      Applied For  
Not Applicable

Zip      Country      Zip      Country

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TRANSGLOBAL CORPORATE ADMINISTRATION**  
520 BRICKELL KEY DRIVE  
0-305  
MIAMI FL 33131

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**      **PS**       Delete  
**NAME**      **COLAO, JOHN**  
**STREET ADDRESS**      **520 BRICKELL KEY DRIVE, SUITE 0-305**  
**CITY-ST-ZIP**      **MIAMI FL 33131**

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

**TITLE**      **AS**       Delete  
**NAME**      **FREEMAN, STEPHEN A**  
**STREET ADDRESS**      **520 BRICKELL KEY DRIVE, SUITE 0-305**  
**CITY-ST-ZIP**      **MIAMI FL 33131**

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

**TITLE**       Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**      **SIGNATURE OF STEPHEN A FREEMAN**      **2/19/03 (305) 374-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)