

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90061 015 \*\*\*150.00

**DOCUMENT # P99000100120**

1. Entity Name  
**WAM A.H., INC.**

Principal Place of Business  
**75 BOULDERBROOK CIRCLE  
 LAWRENCEVILLE GA 30045**

Mailing Address  
**75 BOULDERBROOK CIRCLE  
 LAWRENCEVILLE GA 30045-4028 52720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**58-2506221**

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

**COBER CORPORATE AGENTS, INC.  
 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
 MIAMI FL 33133**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARCHESINI, VAINER</b>	
STREET ADDRESS	<b>VIA CAVOUR, 388-1-41030</b>	
CITY-ST-ZIP	<b>PONTE MOTTA DI CAVEZZO ITALY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARCHESINI, MARCELLO</b>	
STREET ADDRESS	<b>VIA CAVOUR, 388-1-41030</b>	
CITY-ST-ZIP	<b>PONTE MOTTA DI CAVEZZO ITALY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SGARBI, CLAUDIO</b>	
STREET ADDRESS	<b>VIA CAVOUR, 388-1-41030</b>	
CITY-ST-ZIP	<b>PONTE MOTTA DI CAVEZZO ITALY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCHESINI, ADRIANO</b>	
STREET ADDRESS	<b>VIA CAVOUR, 388-1-41030</b>	
CITY-ST-ZIP	<b>PONTE MOTTA DI CAVEZZO ITALY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAGNANI, MASSIMO</b>	
STREET ADDRESS	<b>75 BOULDERBROOK CIRCLE</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA 30045</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marchesini, Vainer</b>	
STREET ADDRESS	<b>Via Cavour, 388-1-41030</b>	
CITY-ST-ZIP	<b>Ponte Motta Di Cavezzo Italy</b>	
TITLE	<b>V. Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maschesini, Marcello</b>	
STREET ADDRESS	<b>Via Cavour, 388-1-41030</b>	
CITY-ST-ZIP	<b>Ponte Motta Di Cavezzo Italy</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Naum Brodsky</b>	
STREET ADDRESS	<b>75 Boulderbrook Circle</b>	
CITY-ST-ZIP	<b>Lawrenceville GA 30045</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Massimo Magnani* **Massimo Magnani** 02/10/00 770-339-6767  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)