

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # J46851

1. Entity Name

WAM CORPORATION OF AMERICA

FILED
Mar 31, 2000 8:00 am
Secretary of State

02-29-2000 90152 019 ****15.00

03-31-2000 90103 014 ***150.00

Principal Place of Business

Mailing Address

BOULDERBROOK CIRCLE
LAWRENCEVILLE GA 30045

75 BOULDERBROOK CIRCLE
LAWRENCEVILLE GA 30045-4698
US

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

59-2780853

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	VP	<input type="checkbox"/> Delete
NAME	MARCHESINI, WAINER	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	CAVEZZO ITALY EU	
TITLE	D	<input type="checkbox"/> Delete
NAME	SGARBI, CLAUDIO	
STREET ADDRESS	VIA FORLANINI, 15	
CITY-ST-ZIP	CAVEZZO IT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHESINI, ADRIANO	
STREET ADDRESS	VIA CAVOUR N. 338	
CITY-ST-ZIP	MODENO ITALY EU	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGNANI, MASSIMO	
STREET ADDRESS	75 BOULDERBROOK CIRCLE	
CITY-ST-ZIP	LAWRENCEVILLE GA 30045	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAULKNER, DAN E	
STREET ADDRESS	3331 BIRCHWOOD TR	
CITY-ST-ZIP	SNELLVILLE GA 30078	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SALERNO, LUCA	
STREET ADDRESS	3561A PLEASANTBROOK VILLAGE LN	
CITY-ST-ZIP	DORAVILLE GA	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marchesini, Marcello	
STREET ADDRESS	Via Cavour N. 338	
CITY-ST-ZIP	Cavezzo Italy EU	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Grass	
STREET ADDRESS	Via Cavour N. 338	
CITY-ST-ZIP	Cavezzo Italy EU	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Naum Brodsky	
STREET ADDRESS	560 Oxford Crest Court	
CITY-ST-ZIP	Lawrenceville GA 30043	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00

770-339-6767

CR2E034 (9/99)