

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100120

1. Entity Name

WAM A.H., INC.

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

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

Principal Place of Business

Mailing Address

75 BOULDERBROOK CIRCLE  
LAWRENCEVILLE GA 30045

75 BOULDERBROOK CIRCLE  
LAWRENCEVILLE GA 30045-4004 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Massimo Magnani 02/10/00

Date

770-359-6767

Daytime Phone #

CR2E034 (9/99)