

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90003 050 ***158.75

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**

2. Principal Place of Business

524 92ND ST.

3. Mailing Address

524 92ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SURFSIDE FL

City & State
SURFSIDE FL

4. FEI Number **58-2506221**

Applied For

Not Applicable

Zip
33154

Country

USA

Zip
33154

Country

USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MAGNANI MASSIMO**

Street Address (P.O. Box Number is Not Acceptable)

524 92ND ST

City **SURFSIDE**

FL

Zip Code
33154

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 **MAGNANI MASSIMO CEO**

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

(NOTE: Registered Agent signature required when reinstating)

02/05/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	C MARCHESINI, VAINER VIA CAVOUR, 388-1-41030 PONTE MOTTA DI CAVEZZO ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARCHESINI, MARCELLO VIA CAVOUR, 388-1-41030 PONTE MOTTA DI CAVEZZO ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SGARBI, CLAUDIO VIA CAVOUR, 388-1-41030 PONTE MOTTA DI CAVEZZO ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESINI, ADRIANO VIA CAVOUR, 388-1-41030 PONTE MOTTA DI CAVEZZO ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNANI, MASSIMO 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRODSKY, NAUM 75 BOULDERBROOK CIRCLE LAWRENCEVILLE GA 30045	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

MAGNANI MASSIMO CEO

Date

02/05/01

Daytime Phone #

305-865 7995

CR2E034 (10/00)