

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90563 022 ***150.00

DOCUMENT # P99000076644

1. Entity Name

BRATENAH I, INC.

Principal Place of Business

Mailing Address

**2 BRATENANL PLACE
APT 4E
CLEVELAND OH 44108**

**2 BRATENANL PLACE
APT 4E
CLEVELAND OH 44108**

2. Principal Place of Business

11983 Tamiami Trail North

3. Mailing Address

11983 Tamiami Trail North

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Naples, Fl

City & State

Naples, Fl

4. FEI Number

34-1900532

Applied For

Not Applicable

Zip
34110

Country

Collier

Zip
34110

Country

Collier

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

**VOGEL, JAMES D
3936 TAMiami TRAIL N, SUITE B
NAPLES FL 34103**

Name
Michael Mancuso

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

100 Royal Palm Way D-1

City
Palm Beach

FL Zip Code
33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

President 2/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MANCUSO, MICHAEL A**
STREET ADDRESS **2 BRATENANL PLACE APT 4E**
CITY-ST-ZIP **CLEVELAND OH 44108**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Michael Mancuso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/26/01 (941) 594-7777

Date

Daytime Phone #

CR2E034 (10/00)