

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076648

1. Entity Name

BRATENAHL II, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90056 042 ***150.00

Principal Place of Business

Mailing Address

~~NORVALE CIRCLE W~~
~~GATES MILLS OH 44040~~

6690 NORVALE CIRCLE W
GATES MILLS OH 44040

2. Principal Place of Business

2 BRATENAHL PLACE

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

APT 4E

Suite, Apt. #, etc.

City & State

CLEVELAND OHIO

City & State

Zip

Country

Zip

Country

44108

4. EIN Number

34-1900538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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 ☐ Delete
NAME D
STREET ADDRESS MANCUSO, MICHAEL A
CITY-ST-ZIP 6690 NORVALE CIRCLE W
GATES MILLS OH 44040

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2 BRATENAHL PLACE APT 4E
CITY-ST-ZIP CLEVELAND OHIO 44108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. MANCUSO

Date

Daytime Phone #

APR 17 2000

CR2E034 (9/99)