

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90068 042 \*\*\*\*61.25

**DOCUMENT # N01000005084**

1. Entity Name  
**INCREASE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 268013  
 WESTON FL 33326

P.O. BOX 268013  
 WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

**12555 Orange Dr**

**Po box 268013 Weston FL 33326**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**244**

City & State

City & State

**DAVIE**

4. FEI Number

**65-1128003**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33330**

**BROWARD**

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

**TOVAR, ILEANA ARIAS**  
**1725 MAIN STREET**  
**SUITE 205**  
**WESTON FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PTD**  
 STREET ADDRESS **DUBREUZE, SARA A**  
 CITY-ST-ZIP **P.O. BOX 268013 WESTON FL 33326**

TITLE  Change  Addition  
 NAME **DUBREUZE, SARA, A (PTD)**  
 STREET ADDRESS **Po box 268013**  
 CITY-ST-ZIP **Weston FL 33326**

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **DUBREUZE, LIBNY H**  
 CITY-ST-ZIP **P.O. BOX 268013 WESTON FL 33326**

TITLE  Change  Addition  
 NAME **DUBREUZE LIBNY H SD**  
 STREET ADDRESS **Po box 268013**  
 CITY-ST-ZIP **Weston FL 33326**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **ARDAVE, MARIA CLAUDIA**  
 CITY-ST-ZIP **P.O. BOX 268013 WESTON FL 33326**

TITLE  Change  Addition  
 NAME **ARDAVE MARIA CLAUDIA**  
 STREET ADDRESS **Po box 268013 D.**  
 CITY-ST-ZIP **Weston FL 33326**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sigara**

**9/9/02**

CR2E037 (4/02)