

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005084

1. Entity Name

INCREASE, INC.

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

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

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 DRIVE

PO BOX 268013 WESTON FL 33326

Suite, Apt. #, etc.

244

Suite, Apt. #, etc.

City & State

DAVIE

City & State

DAVIE

Zip

33330

Country

BROWARD

Zip

Country

4. FEI Number

65-1128003

Applied For

Not Applicable

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DUBREUZE, SARA A (PTD)
 PO BOX 268013
 WESTON FL 33326 ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DUBREUZE LIBNY H SD
 PO BOX 268013
 WESTON FL 33326 ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ARDAVE MARIA CLAUDIA
 PO BOX 268013
 WESTON FL 33326 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE OF DUBREUZE

9/9/02

CR2E037 (4/02)