

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004235

Entity Name: GEAR-UP, INC.**Current Principal Place of Business:**11560 NW 3RD PL
CORAL SPRINGS, FL 33071**Current Mailing Address:**PO BOX 911
SOUTH SALEM, NY 10590 US**FEI Number:** 43-1964922**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SALCEDO , FRANCISCO
11560 NW 3RD PL
CORAL SPRINGS, FL 33071 US*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:** FRANCISCO SALCEDO

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR GLOBAL OPERATIONS,
SECRETARY
Name CARRERA, CARMEN MONICA
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

Title DIRECTOR
Name CARRERA, ADRIANA
Address 4969 RIVERSIDE DRIVE
City-State-Zip: CORAL SPRINGS FL 33067

Title DIRECTOR, FOUNDER, CEO
Name FORRAS, VINCENT
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

Title PRESIDENT
Name NAAB, RONALD
Address PO BOX 362
City-State-Zip: ALLENTOWN WI 53002

Title DIRECTOR
Name ADAMS, LUKE
Address PO BOX 4286
City-State-Zip: EL CENTRO CA 92244

Title DIRECTOR
Name GILER, GASTON
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

Title DIRECTOR
Name LOOR, AGUSTIN
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

Title DIRECTOR INTERNATIONAL
OPERATIONS
Name CROSS, LINDA
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT FORRAS

CEO

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLD, PETER
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590

Title DIRECTOR
Name DOYLE , JAMES
Address PO BOX 911
City-State-Zip: SOUTH SALEM NY 10590