

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066183

1. Entity Name

DESIGNS BY HUGO INCORPORATED

Principal Place of Business

1210 W KENNEDY BLVD  
TAMPA FL 33609

Mailing Address

7304 WOODHALL COURT  
TAMPA FL 33634-3534  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 59-3331973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZABOLOTNY, STEVE  
8800 49TH STREET NORTH STE 406-5  
PINELLAS PARK FL 34666

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

|            |                     |                                 |
|------------|---------------------|---------------------------------|
| P          | LOPEZ, HUGO         | <input type="checkbox"/> Delete |
| ST ADDRESS | 7304 WOODHALL COURT |                                 |
| ST-ZIP     | TAMPA FL            |                                 |
| ST ADDRESS |                     | <input type="checkbox"/> Delete |
| ST-ZIP     |                     |                                 |
| ST ADDRESS |                     | <input type="checkbox"/> Delete |
| ST-ZIP     |                     |                                 |
| ST ADDRESS |                     | <input type="checkbox"/> Delete |
| ST-ZIP     |                     |                                 |
| ST ADDRESS |                     | <input type="checkbox"/> Delete |
| ST-ZIP     |                     |                                 |
| ST ADDRESS |                     | <input type="checkbox"/> Delete |
| ST-ZIP     |                     |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

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 it were signed by the corporation or the receiver, trustee, or assignee.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90088 048 \*\*\*150.00

625603



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)