

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08679

1. Entity Name

YOGO U.S., INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90021 030 \*\*\*150.00

0033505

Principal Place of Business  
1320 GRAHAM BLVD. #320  
MONTREAL.QUEBEC.CANADA H3P 3 H3P 3-8  
US

Mailing Address  
1320 GRAHAM BLVD. #320  
MONTREAL.QUEBEC.CANADA H3P 3 H3P 3-8  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 98-0113712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GODIN, BERNARD  
C/O BERGO INC.  
21301 POWERLINE RD, SUITE 207  
BOCA RATON FL 33433

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SEGUIN, YOLANDE G.  
1320 GRAHAM BLVD.#320  
MONTREAL,QUEBEC,CAN.

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY TREASURER  
SEGUIN MIREILLE  
292 Pinetree  
MONTREAL CA H9W 5E1

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
GILLES, LAMY  
1320 GRAHAM BLVD. #320  
MONTREAL QUEBEC, CA H3P 3C8

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☐ Change ☐ Addition

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: Yolande Seguin Yolande Seguin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27 2001 514-737-3919

Date

Daytime Phone #

CR2E034 (10/00)