

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08689

1. Entity Name
HUGO U.S., INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90084 024 ***150.00

Principal Place of Business
1320 GRAHAM BLVD.
#320
MONTREAL, QUEBEC, CANADA H3P- C8

Mailing Address
1320 GRAHAM BLVD.
#320
MONTREAL, QUEBEC, CANADA H3P- C8

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 98-0113713

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

GODIN, BERNARD
C/O BERGO INC.
21301 POWELINE RD, STE 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 D
NAME GODIN, HUBERT ☐ Delete
STREET ADDRESS 1320 GRAHAM BLVD. #320
CITY-ST-ZIP MONTREAL, QUEBEC, CAN.

TITLE ~~SECRETARY TREASURER~~ ☐ Change ☒ Addition
NAME ~~GODIN, JACQUES~~
STREET ADDRESS ~~1211 A MONTEE DE LIESSE~~
CITY-ST-ZIP

TITLE ST
NAME GILLES, LAMY ☒ Delete
STREET ADDRESS 1320 GRAHAM BLVD., #320
CITY-ST-ZIP MONTREAL QUEBEC CA H3P3C-8

TITLE SECRETARY TREASURER ☐ Change ☒ Addition
NAME GODIN, JACQUES
STREET ADDRESS 1211 A Montee de Liesse
CITY-ST-ZIP ST Laurent, Montreal

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 that is not the same as the one on the report.

SIGNATURE: X Hubert Godin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

514-737-3919

Daytime Phone #

CR2E034 (10/00)