

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90079 017 ***150.00

0657873
 IN

DOCUMENT # S08689

1. Entity Name

HUGO U.S., INC.

Principal Place of Business

**1320 GRAHAM BLVD.
 #320
 MONTREAL.QUEBEC CA H3P- C8**

Mailing Address

**1320 GRAHAM BLVD.
 #320
 MONTREAL.QUEBEC CA H3P- C8**



2. Principal Place of Business

3. Mailing Address

**1320 Boulevard Graham, Suite 127
 Montréal, Québec
 Canada, H3P 3C8**

**1320 Boulevard Graham, Suite 127
 Montréal, Québec
 Canada, H3P 3C8**

DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0113713

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 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, 2002 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 GODIN, HUBERT 1320 GRAHAM BLVD.#320 MONTREAL,QUEBEC,CAN.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GODIN, JACQUES 1211-A-MONTEE DE LIESSE LAUTENT, MONTREAL CA H4-S1J7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 AVR. 2002 (SIN) 737-3919

CR2E034 (9/01)