

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698570

1. Entity Name

SPARKNIGHT (U.S.), INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90067 004 \*\*\*150.00

Principal Place of Business Mailing Address  
SOUTH SEMORAN BLVD C/O 101 HOWARD ST.  
FL 32822 STE 450  
SAN FRANCISCO FL 94105

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2802065  
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

POPE, NICHOLAS A  
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 NO EOLA DR  
ORLANDO FL 32802

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEW, CHIEN E			NAME			
STREET ADDRESS	5840 C, SOUTH SEMORAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAY, RANDALL E			NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BADER, J. L			NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAY, RANDALL E			NAME			
STREET ADDRESS	101 HOWARD STREET, SUITE 450			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAWASHA, CAROLYN			NAME			
STREET ADDRESS	101 HOWARD ST. STE. 450			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 #

RANDALL E. KAY

1/27/00 (415) 543-1188

CR2E034 (9/99)