

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90280 007 ***150.00

DOCUMENT # 698570

1. Entity Name
SPARKNIGHT (U.S.), INC.

Principal Place of Business
**5840-C SOUTH SEMORAN BLVD
ORLANDO FL 32822
US**

Mailing Address
**C/O 101 HOWARD ST.
STE 450
SAN FRANCISCO FL 94105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5760 South Semoran Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32822

Country
Orange

City & State

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

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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEW, CHIEN E 5760 South Semoran Blvd. Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CAROLYN J. TAWASHA 1/2/01 (415) 543-1188

Date

Daytime Phone #

CR2E034 (10/00)