

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1/2000 00:00:00 000 0000 00 0000 00

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90108 008 \*\*\*150.00

DOCUMENT #  
1. Entity Name **P97000093643** **(R)**  
**SPARKY ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**7481 W. OAKLAND** **7481 W OAKLAND**  
**PK BLVD** **PARK BLVD**  
**LAUDERHILL, FL 33319** **LAUDERHILL FL 33319**

2. Principal Place of Business 3. Mailing Address  
**7481 W. OAKLAND PK BLVD** **7481 W OAKLAND PK**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STE 101** **BLVD STE 101**

City & State City & State  
**LAUDERHILL FL** **LAUDERHILL FL**  
Zip Country Zip Country  
**33319** **FLORIDA** **33319** **FLORIDA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**REGINA SMYTH**  
**7481 W OAKLAND PK BLVD**  
**LAUDERHILL, FL 33319**

4. FEI Number Applied For  
**65-0786409** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 **Regina Smyth** **4/5/00**  
Signature, type or printed name of registered agent and (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, 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Regina Smyth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/5/00** Daytime Phone # **412 751 7535**

CR2E034 (9/99)