

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90094 017 \*\*\*150.00

US91389

**DOCUMENT # F00000003547**

1. Entity Name  
**PACIFIC STAR HOSPITALITY, INC.**

Principal Place of Business      Mailing Address  
**21333 HAWTHORNE BOULEVARD, SUITE 160**      **21333 HAWTHORNE BOULEVARD, SUITE 160**  
**TORRANCE CA 90503**      **TORRANCE CA 90503**

0 7 1 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**21333 HAWTHORNE BLVD.**      **21333 HAWTHORNE BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 160**      **SUITE 160**

City & State      City & State      4. FEI Number      Applied For  
**TORRANCE CA**      **TORRANCE CA**      **95-4806266**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional**  
**90503**      **USA**      **90503**      **USA**      Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>KOO, ANDRE</b> <b>2013 VIA CERRITOS</b> <b>PALOS VERDES ESTATES CA 90274</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARDY, CHIP</b> <b>21010 ANZA AVENUE, #14</b> <b>TORRANCE CA 90503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HUANG, JOHN</b> <b>13818 EVENING TERRACE</b> <b>CHINO HILLS CA 91709</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>LIN, TUNG-HSU</b> <b>14131 APPLGATE LN</b> <b>CHINO HILLS CA 91709</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Lin Tung-Hsu*      04/09/01      310-540-8438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**LIN, TUNG-HSU, CFO**

CR2E034 (10/00)