

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000792

1. Entity Name  
**PACIFIC USA HOLDINGS CORP.**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90026 017 \*\*\*150.00

Principal Place of Business 5999 SUMMERSIDE DRIVE, STE 112 DALLAS TX 75252	Mailing Address 5999 SUMMERSIDE DRIVE, STE 112 DALLAS TX 75252-5296
----------------------------------------------------------------------------------	---------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2740 N. Dallas Parkway</i>	3. Mailing Address <i>2740 N. Dallas Parkway</i>
Suite, Apt. #, etc. <i>200</i>	Suite, Apt. #, etc. <i>200</i>
City & State <i>Plano, Texas</i>	City & State <i>Plano, Texas</i>

4. FEI Number <b>75-2225587</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Zip <i>75093</i>	Country <i>USA</i>	Zip <i>75093</i>	Country <i>USA</i>
---------------------	-----------------------	---------------------	-----------------------

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TAO-TSUN, SUN</b> <b>285, CHUNG HSAOI ROAD EAST SEC 4</b> <b>TAIPEL 106 TAIWAN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YU-JEH, TUNG</b> <b>285, CHUNG HSAOI ROAD EAST SEC 4</b> <b>TAIPEL 106 TAIWAN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>BRADLEY, BILL C</b> <b>5999 SUMMERSIDE DR., STE 112</b> <b>DALLAS TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PORTER, CATHRYN L</b> <b>3200 SOUTHWEST FREEWAY, STE 1220</b> <b>HOUSTON TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRZYBOWSKI, PAUL</b> <b>5999 SUMMERSIDE DR., STE 112</b> <b>DALLAS TX</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HORNER, LARRY D</b> <b>100 PARK AVENUE 28TH FL</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*John Archer*  
*2740 N. Dallas Parkway, Suite 200*  
*Plano, Texas 75093*

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: \_\_\_\_\_ DATE: *1-13-00* DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (9/99)