

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2000 90026 017 ***150.00

DOCUMENT # F99000000792

1. Entity Name
PACIFIC USA HOLDINGS CORP.

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

| | |
|---|---|
| 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> |
|-------------------------------------|-------------------------------------|

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

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PD TAO-TSUN, SUN 285, CHUNG HSAOI ROAD EAST SEC 4 TAIPEL 106 TAIWAN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YU-JEH, TUNG 285, CHUNG HSAOI ROAD EAST SEC 4 TAIPEL 106 TAIWAN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD BRADLEY, BILL C 5999 SUMMERSIDE DR., STE 112 DALLAS TX | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PORTER, CATHRYN L 3200 SOUTHWEST FREEWAY, STE 1220 HOUSTON TX | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRZYBOWSKI, PAUL 5999 SUMMERSIDE DR., STE 112 DALLAS TX | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HORNER, LARRY D 100 PARK AVENUE 28TH FL NEW YORK NY | <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"/> 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 #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)