

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003547

1. Entity Name

PACIFIC STAR HOSPITALITY, INC.

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

04-17-2001 90094 017 ***150.00

Principal Place of Business

21333 HAWTHORNE BOULEVARD, SUITE 160
TORRANCE CA 90503

Mailing Address

21333 HAWTHORNE BOULEVARD, SUITE 160
TORRANCE CA 90503

2. Principal Place of Business

21333 HAWTHORNE BLVD.

Suite, Apt. #, etc.

SUITE 160

City & State

TORRANCE CA

3. Mailing Address

21333 HAWTHORNE BLVD.

Suite, Apt. #, etc.

SUITE 160

City & State

TORRANCE CA

Zip

90503

Country

USA

Zip

90503

Country

USA

4. FEI Number

95-4806266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 CP ☐ Delete
NAME KOO, ANDRE
STREET ADDRESS 2013 VIA CERRITOS
CITY-ST-ZIP PALOS VERDES ESTATES CA 90274

TITLE V ☐ Delete
NAME HARDY, CHIP
STREET ADDRESS 21010 ANZA AVENUE, #14
CITY-ST-ZIP TORRANCE CA 90503

TITLE ST ☐ Delete
NAME HUANG, JOHN
STREET ADDRESS 13818 EVENING TERRACE
CITY-ST-ZIP CHINO HILLS CA 91709

TITLE CFO ☐ Delete
NAME LIN, TUNG-HSU
STREET ADDRESS 14131 APPLGATE LN
CITY-ST-ZIP CHINO HILLS CA 91709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIN, TUNG-HSU CFO

04/09/01

310-540-8438

Date

Daytime Phone #

CR2E034 (10/00)