FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000485 1. Entity Name PACIFIC DELIGHT TOURS, INC.				Jul 24, 2001 Secretary o 07-24-2001 90041 05	f State	
Principal Place of Business 205 E. 42ND ST. SUITE 1908 NEW YORK NY 10017		Mailing Address 205 E. 42ND ST. SUITE 1908 NEW YORK NY 10017				
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 13-2689264	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
KERR, GERRY 6645 BROOKHURST CIRCLE LAKE WORTH FL 33463				Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
9. This corporate filling in	named entity submits this statement for the Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	title if applicable. (NOTE:	Registered Agent signature requirements \$550.00 2001 Fee will be \$75	50.00 10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LUK, FRANCIS 205 E. 42ND ST, SUITE 1908 NEW YORK NY 10017	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUK, PATRICIA 205 E. 42ND ST, SUITE 1908 NEW YORK NY 10017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	V KWAN, LARRY 205 E. 42ND ST, SUITE 1908 NEW YORK NY 10017	Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP	UK, SOPHIA OJ E. YND ST- SVITE EW YORK, NY 100	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , ,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information expedied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07(3)(i) Florida Statutes Lighther	Change Addition	

3. 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 eath; 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

FRANCIS LUK-PRES 7 19 01