

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 001 ****61.25

DOCUMENT # 842616

1. Entity Name

3-HO INTERNATIONAL HEADQUARTERS OF CALIFORNIA,

P

Principal Place of Business

1620 PREUSS ROAD
 LOS ANGELES CA 90035
 US

Mailing Address

P.O. BOX 351149
 LOS ANGELES CA 90035
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 35330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Los Angeles, CA

4. FEI Number

95-2654282

Applied For

Not Applicable

Zip

Country

Zip

Country

90035

U.S.A.

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

KHALSA, DEVA SINGH
3260 NW 23RD AVE STE 400
1442 NW 100 DR CORAL SPGS, FL 33071
POMPANO BCH FL 33069

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, SAT NARAYAN SIMR 8820 W 18 ST LOS ANGELES CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KHALSA, SHAKTI PK 1620 PREUSS RD LOS ANGELES, CA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASKIN, STEPHANIE 308 S. REXFORD DR., #6 BEVERLY HILLS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KHALSA, SARDARNI GURU AM ROUTE 2 BOX 132D ESPANOLA NM 87532	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALSA, AVTAR HARI SINGH RT 2 BOX 137BB ESPANOLA NM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, SAT KIRPAL SINGH HWY 285-84 BOX 101 ESPANOLA NM	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shakti Pk KHALSA*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-2000 **310-552-3416**
 Date Daytime Phone #

CR2E037 (5/00)