

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

0088012

**DOCUMENT # 842616**

1. Entity Name

**3HO INTERNATIONAL HEADQUARTERS OF CALIFORNIA.**

06-04-2001 90014 038 \*\*\*\*61.25

Principal Place of Business

1620 PREUSS ROAD  
 LOS ANGELES CA 90035  
 US

Mailing Address

P.O. BOX 35330  
 LOS ANGELES CA 90035  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-2654282**

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

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

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.

(NOT) Registered Agent signature required when reinstating

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, SARDARNI GURU AMRIT KAUR</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 4 SHADY LANE</b>	
CITY-ST-ZIP	<b>ESPANOLA NM 87532</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KHALSA, SIRI RAM KAUR</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 132D</b>	
CITY-ST-ZIP	<b>ESPANOLA, NM 87532</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KHALSA, SOPURKH KAUR</b>	
STREET ADDRESS	<b>7 INFINITY LOOP</b>	
CITY-ST-ZIP	<b>ESPANOLA, NM 87532</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KHALSA, NIRINJAN KAUR</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 132D</b>	
CITY-ST-ZIP	<b>ESPANOLA, NM 87532</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KHALSA, SUMPURAN KAUR</b>	
STREET ADDRESS	<b>ROUTE 2 BOX 132D</b>	
CITY-ST-ZIP	<b>ESPANOLA, NM 287532</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 P. Raskin*  
 Signature and Title of Registered Agent

May 1, 2001 (310)552-3416

CR2E037 (10/00)