


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90847 026 \*\*\*\*61.25

**DOCUMENT # 842616**

1. Entity Name  
**3-H-O INTERNATIONAL HEADQUARTERS OF CALIFORNIA, INC.**



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  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **95-2654282**

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>KHALSA, SARDARNI G A K</b><br><b>ROUTE 2 BOX 4 SHADY LANE</b><br><b>ESPANOLA NM 87532</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>KHALSA, SHAKTI PK</b><br><b>1620 PREUSS RD</b><br><b>LOS ANGELES CA</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KHALSA, SIRI RAM KAUR</b><br><b>ROUTE 2 BOX 132D</b><br><b>ESPANOLA NM 87532</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KHALASA, SOPURKH KAUR</b><br><b>7 INFINITY LOOP</b><br><b>ESPANOLA NM 87532</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KHALSA, AVTAR HARI SINGH</b><br><b>RT 2 BOX 137BB</b><br><b>ESPANOLA NM</b>               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KHALSA, NIRINJAN KAUR</b><br><b>ROUTE 2 BOX 132D</b><br><b>ESPANOLA NM 87532</b>          | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>01A Ram Das Guru Place</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>01A Ram Das Guru Place</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>01A Ram Das Guru Place</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>KHALSA, SOPURKH KAUR</b><br><b>(Please correct spelling of last name)</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>7 Infinity Loop</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>01A Ram Das Guru Place</b>  | <input checked="" 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: *[Handwritten Signature]* 2/5/03 310-552-3416 ext. 114

CR2E037 (10/02)