

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842616

1. Entity Name

3-HO 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2654282

Applied For

Not Applicable

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(please fix typo on last name)

D KHALSA, SOPURKH KAUR
7 INFINITY LOOP
ESPANOLA NM 87532

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

(310)552-3416

Date

Daytime Phone #

CR2E037 (9/01)