

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038516

1. Entity Name

ZH CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 21 PM 1:13

Principal Place of Business

1308 GEM CIRCLE  
ROCKLEDGE FL 32955

Mailing Address

1308 GEM CIRCLE  
ROCKLEDGE FL 32955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1005891

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

BAR-NAVON, HAIM (HAIM)  
1308 GEM CIRCLE  
ROCKLEDGE FL 32955

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BAR-NAVON, HAIM	
STREET ADDRESS	1308 GEM CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BAR-NAVON, ZIVA	
STREET ADDRESS	1308 GEM CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BAR-NAVON, EREZ</del>	
STREET ADDRESS	<del>1308 GEM CIRCLE</del>	
CITY-ST-ZIP	<del>ROCKLEDGE FL 32955</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300005193583-8	
STREET ADDRESS	-04/05/02--01006--008	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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: HAIM BAR-NAVON, P

Date

3/20/02 (321) 636 3432

Daytime Phone #

CR2E034 (9/01)