

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 043 ***158.75

DOCUMENT # P01000068124

1. Entity Name

AZDDVA INTERNATIONAL FUND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 THREE ISLANDS BL

Suite, Apt. #, etc.

#1811

City & State

HALLANDALE, FL

Zip 33009

Country

U.S.A.

3. Mailing Address

600 THREE ISLANDS BL

Suite, Apt. #, etc.

#1811

City & State

HALLANDALE, FL

Zip 33009

Country

U.S.A.

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4. FEI Number 65-1125522

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

AMNON DABACH OR/AND ZIVA DABACH

Street Address (P.O. Box Number is Not Acceptable)

600 THREE ISLANDS BL

#1811

City

HALLANDALE

FL

Zip Code

33009

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) ☒

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE AGENT-DIRECTOR
NAME AMNON DABACH
STREET ADDRESS 600 THREE ISLANDS BL
CITY- ST- ZIP HALLANDALE FL 33009

TITLE AGENT-DIRECTOR
NAME ZIVA DABACH
STREET ADDRESS 600 THREE ISLANDS BL
CITY- ST- ZIP #1811 HALLANDALE FL 33009

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMNON DABACH

Ziva Dabach

ZIVA DABACH

Date:

Daytime Phone #

4-23-2002 954 456-7757

CR2E034B (12/01)