

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054217

1. Entity Name

OVA TECHNOLOGY OF FLORIDA, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90235 022 \*\*\*150.00

Principal Place of Business

Mailing Address

5001 WEST NASSAU  
TAMPA FL 33179

5001 WEST NASSAU  
TAMPA FL 33607-3814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3441957

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

HSIUNG, SULAN  
5001 W NASSAU STREET  
TAMPA FL 33179

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, 2000 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 PD ☐ Delete  
NAME HUANG, CHUN H  
STREET ADDRESS 20207 DICKSON COURT  
CITY-ST-ZIP WALNUT CA 91789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CHEN, TSUNG T  
STREET ADDRESS 20207 DICKSON CT  
CITY-ST-ZIP WALNUT CA 91789

TITLE D ☐ Change ☒ Addition  
NAME Mekhael H. Ishak  
STREET ADDRESS 4020 DUXHALL DRIVE  
CITY-ST-ZIP OMAHA, NE 68516

TITLE D ☒ Delete  
NAME SHYUNG, HAN-ZONE  
STREET ADDRESS 6TH FLOOR, #7 TOR JIANG ST  
CITY-ST-ZIP KAOSHUNG TA 91710

TITLE D ☐ Change ☒ Addition  
NAME WADAD G CHWARI  
STREET ADDRESS 4020 DUXHALL DRIVE  
CITY-ST-ZIP LINCOLN, NE 68516

TITLE STD ☐ Delete  
NAME ISAAK, ROBIN  
STREET ADDRESS 13121 BOYD CT  
CITY-ST-ZIP OMAHA NE 68164

TITLE P ☒ Change ☐ Addition  
NAME ROBIN ISAAK  
STREET ADDRESS 11231 THICKET CT  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

(813) 207-0222

CR2E034 (9/99)