

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106365

1. Entity Name
AVASAR CORP.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90015 028 ***550.00

Principal Place of Business

425 WEST DRIVE
MELBOURNE FL 32904

Mailing Address

425 WEST DRIVE
MELBOURNE FL 32904

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

65-1029747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUMAR, VASANTHI
234 PELICAN DRIVE
PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Sept. 13, 2000

Date

321-722-9634

Daytime Phone #

CR2E034 (5/00)

Attachment
p99000106365
A0079074

September 13, 2000

Florida Department of State
Division of Corporations

This corporation was formed in the beginning of this year. The FEI number was just assigned on 08/11/00. We are requesting a refund of \$400.00 because the paper work was not finalized until August. Thank you for your help with this matter.

Sincerely


Sam Kumar

Attachment

p99006106365

001

A0079074

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

JGR

**ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362**DATE 8/11/00 RECD TIME

NAME

VASANTHI KUMAR

FAX NUMBER

321-768-8732

**IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.****TOTAL PAGE: 1****COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.****COMPANY NAME:**

AVASAR CORP

EMPLOYER IDENTIFICATION NUMBER (EIN): 65-1029747**COMPANY NAME:**2nd Co.**EMPLOYER IDENTIFICATION NUMBER (EIN):**

EIN

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