## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000106365 Sep 18, 2000 8:00 am 1. Entity/Name / Secretary of State AVASAR CORP. 09-18-2000 90015 028 \*\*\*550.00 Principal Place of Business Mailing Address 425 WEST DRIVE 425 WEST DRIVE MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANCILIA, JOHN R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD. **MELBOURNE FL 32901** Zip Code FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Delete TITLE TITLE NAME NAME KUMAR, VASANTHI STREET ADDRESS STREET ADDRESS 234 PELICAN DRIVE CITY-ST-ZIP CITY-ST-ZIE PALM BAY FL 32907 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS Miles Committee to CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE MARCHE ME NAME STREET ADDRESS 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 the rike empowered.

121 220 9/31

SIGNATURE:

SINATURAL LANGUIRED

Bept. 1312 600 321- 722 9634

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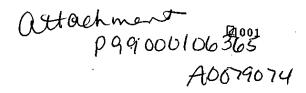
September 13,2000

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



**JGR** 

## FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

TIME
FAX NUMBER
321-768-8732
K RECEIVED FROM OUR 678) 530-7902.
LOYER IDENTIFICATION LOW. YOU SHOULD EMPLOYER
65-1029747
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