FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State M81577 DOCUMENT # 1. Entity Name 02-19-2002 90037 019 ***150.00 SILVER VASE, INC. Mailing Address Principal Place of Business % ANDRES E. BARTHA % ANDRES E. BARTHA 26001 S.W. 217TH AVE. 26001 S.W. 217TH AVE. HOMESTEAD FL 33031 HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0627787 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARTHA, ANDRES E. Street Address (P.O. Box Number is Not Acceptable) 13123 SW 64 CT **MIAMI FL 33158** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition BARTHA, ANDRES E. NAME NAME 13123 SW 64 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP TITLE **VTD** ☐ Delete TITLE Change ☐ Addition BARTHA, ILMA NAME NAME 13123 SW 64 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment wit

INTED NAME OF SIGNING OFFICER OR DIRECTOR