2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M81577

FILED May 12, 2003 8:00 am Secretary of State

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05-12-2003 90197 043 ***150.00 1. Entity Name SILVÉR 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0627787 Not Applicable 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-GT-MIAMI FL 33158 City 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. I am familiar with, and accept the obligations of registered agent 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. 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 **UTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARTHA, ILMA NAME NAME STREET ADDRESS 13123 SW 64 CT STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change Tomas REMETE 10904 SW 134 CT NAME NAME STREET-ADDRESS STREET, ADDRESS MIAMI, FL, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change anitibba 🔽 THOMAS PATRICK BEY NAME NAME 2300 1 SW 156 AVE STREET ADDRESS STREET ADDRESS minmi, FL33170 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP

12. 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE TEQUERAL PARTYA

2-13-03

305.248.082

Daytime Phone #

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

AHachment 8011**8**208

DOCI	IMENT	#

1. Entity Name



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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address	<u>and the state of the same and the same of the same of</u>			
		Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For Not Applicable	
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	A Section of the second contract of the secon	en er en		7. Name and Address of Current Registered Agent		
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			City		Zip Code	
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The above named the obligations of		nent for the purpose of chang	ling its registered office or registe	red agent, or both, in the State of Florida. I am fami	liar with, and accept	
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SIGNATURE	, typed or printed name of registere	ed agent and title if applicable	(NOTE: Registered Agent signature require	d when reinstatura) DATE		
January After I Ame	i - May 1 Fee is \$150. May 1, Fee is \$550.00 nded UBR is \$61.25	00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
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CITY-ST-ZIP

TITLE NAME

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CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #