

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M81577

**Entity Name:** SILVER VASE, INC.

**Current Principal Place of Business:**

ANDRES E. BARTHA  
26001 S.W. 217TH AVE.  
HOMESTEAD, FL 33031

**Current Mailing Address:**

ANDRES E. BARTHA  
26001 S.W. 217TH AVE.  
HOMESTEAD, FL 33031 US

**FEI Number:** 65-0627787

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARTHA, ANDRES E  
26001 SW 217 AVE  
MIAMI, FL 33031 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name BARTHA, ANDRES E  
Address 26001 SW 217 AVE  
City-State-Zip: MIAMI FL 33031

Title TREASURER  
Name BARTHA, MIKLOS  
Address 26001 SW 217 AVE  
City-State-Zip: MIAMI FL 33031

Title VP  
Name LUCIO-CHINCHILLA, MARCELLA  
Address 26001 SW 217 AVE  
City-State-Zip: HOMESTEAD FL 33031

Title SECRETARY  
Name CHAREST, MICHELLE  
Address 26001 SW 217 AVE  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR OF OPERATIONS  
Name BARTHA, MATYAS  
Address 26001 SW 217 AVE  
City-State-Zip: HOMESTEAD FL 33031

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE CHAREST

**CORPORATE  
SECRETARY**

02/17/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date