

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 003 \*\*\*158.75

DOCUMENT # P01000019647

1. Entity Name

TULA ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

656411

2. Principal Place of Business

1786 NW 16 Street

Suite, Apt. #, etc.

3. Mailing Address

1786 NW 16 Street

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

65-1097058

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired

xx

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Emilio Ruiz

Street Address (P.O. Box Number is Not Acceptable)

1786 NW 16 Street

City

Miami

FL

Zip Code

33125

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 constituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00 158.75

Amended UBR is \$61.25

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

P

Emilio Ruiz

1786 NW 16 Street

Miami FL 33125

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #