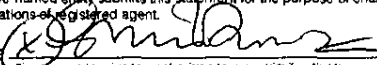
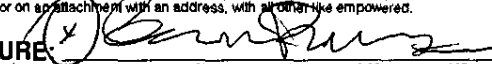


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90031 033 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019647			
1. Entity Name TULA ENTERPRISES, INC.			
Principal Place of Business 1786 NW 16 STREET MIAMI, FL 33125		Mailing Address 1786 NW 16 STREET MIAMI, FL 33125	
2. Principal Place of Business 3039 SW 6 St. Suite, Apt. #, etc.		3. Mailing Address 3039 SW 6 St. Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33135	Country US	Zip 33135	Country US
4. FEI Number 65-1097058		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent RUIZ, EMILIO 1786 NW 16 STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name: RUIZ EMILIO Street Address (P.O. Box Number is Not Acceptable) 3039 SW 6 St. City: Miami FL Zip Code: 33135	
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:  DATE: 4-29-03 (NOTE: Registered Agent Signature Required when reappointing)			
FILE NOW!!! FEE IS \$160.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P RUIZ, EMILIO 1786 NW 16 STREET MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P RUIZ, EMILIO 3039 SW 6 St. MIAMI FL. 33135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		4-29-03 (305) 529-9098	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)

\$158.75