DOCUMENT # P94000021604

1. Entity Name
Tula Service, Inc.

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 010 ***158.75

Principal Place of Business
4098 Palm Ave
Hialeah, FL 33012

Mailing Address

2. Principal Place of Business
Same

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0488302

Applied for / Not Applied

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Perez James
4098 Palm Ave
Hialeah, FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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: X James Perez — 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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

FILE NOW!! FEE IS $150.00 BEFORE MAY 1, 2000 Fee Will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Perez James, 4098 Palm Ave Hialeah, FL 33012 ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X James Perez — 4/26/01
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #