

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000023171

Entity Name: ZULA INSURANCE, INC.

Current Principal Place of Business:

1865 BRICKELL AVE. # A402
MIAMI, FL 33129-1627

Current Mailing Address:

1865 BRICKELL AVE. # A402
MIAMI, FL 33129-1627 US

FEI Number: 82-5021600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELGADO, ZULITA
1865 BRICKELL AVE. # A402
MIAMI, FL 33129-1627 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 P
Name DELGADO, ZULITA
Address 1865 BRICKELL AVE. # A402
City-State-Zip: MIAMI FL 33129-1627

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: ZULITA DELGADO

PRESIDENT

02/04/2020

Electronic Signature of Signing Officer/Director Detail

Date