

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90466 024 ***150.00

DOCUMENT # P01000070151

1. Entity Name
ENLACE CORP.



Principal Place of Business Mailing Address
~~8885 SW 147 AVE~~ 2625 SW 87th Avenue ~~8885 SW 147 AVE~~ 2625 SW 87th Avenue
~~1120~~ Miami, FL 33165 ~~1120~~ Miami, FL 33165
~~MIAMI FL 33196~~



2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1121416** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CORONA, MARITZA~~ Elizabeth RUCCO
~~269 N. UNIVERSITY DR, SUITE J~~ 2625 SW 87TH AVENUE
~~PEMBROKE PINES FL 33024~~ Miami, FL 33165

7. Name and Address of New Registered Agent
Name Elizabeth RUCCO
Street Address (P.O. Box Number is Not Acceptable) 2625 SW 87TH AVENUE
City Miami FL 33165
Zip Code

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 *[Signature]* DATE 04-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 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

| | | |
|----------------|------------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RUCCO CORTES, ELIZABETH | |
| STREET ADDRESS | THE GROVES, 6215 KENDALL LAKES CIR. E270 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RUCCO, ANA M | |
| STREET ADDRESS | THE GROVES, 6215 KENDALL LAKES CIR. E270 | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VARGAS, HUGO F | |
| STREET ADDRESS | 8885 SW 147 AVE #1120 | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUCCO CORTES, ELIZABETH | |
| STREET ADDRESS | 8885 SW 147 AVE APT 1120 | |
| CITY-ST-ZIP | MIAMI, FL 33196 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE 04-21-03 (305) 227 2007
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/02)