

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90135 050 ****50.00

DOCUMENT # MO1000000264

1. Entity Name

ACE OF HEARTS IMPORTS, LLC.

Principal Place of Business

**6495 NEW HAMPSHIRE AVE.. STE 318
 HYATTSVILLE MD 20781**

Mailing Address

**6495 NEW HAMPSHIRE AVE.. STE 318
 HYATTSVILLE MD 20781**

2. Principal Place of Business

8401 Corporate Drive

3. Mailing Address

8401 Corporate Drive

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

Landover, MD

City & State

Landover - MD

Zip

20785

Country

USA

Zip

20785

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816216

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RJVF CORPORATE SERVICES, INC.
 200 S. BISCAYNE BLVD., STE 4100
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	Sole Manager			<input type="checkbox"/>
	Raul Ernesto Quiñones Sol	Ave Independencia No. 526	SAN SALVADOR, EL SALVADOR	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Chris W. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-02 301-731-5111
 Date Daytime Phone #

CR2E083 (9/01)