2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002070

SIGNATURE:

Sep 13, 2001 8:00 am Secretary of State 1. Entity Name 04-27-2001 90248 021 ****61.25 SUPPORT TRUCKING GROUP INC. Principal Place of Business Mailing Address 6436 S.W. 13TH ST 6436 S.W. 13TH ST MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 0998034 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- -~: 6:"Name and Address of Current Registered Agent > < المحيد بنيات الا Street Address (P.O. Box Number is Not Acceptable) **GUAS, ORESTES** 6436 S.W. 13TH ST **MIAMI FL 33144** City 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 \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE Change FAUSTO PEDROSO **GUAS, ORESTES** NAME NAME (CR2E037 (4433 NW 203TR STREET ADDRESS 6436 S.W. 13TH ST STREET ADDRESS MIANI FI 33055 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** Addition TITLE ☐ Delete TITLE ☐ Change RODRIGUEZ, JOSE GOVARDO VERDAYES NAME NAME 431 8 28 57 Abt 6 HINGISH # 33013-6436 S.W. 13TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CASTILLO, LORENZO JOSE B NEGRETE NAME NAME STREET ADDRESS 6436 S.W. 13TH ST STREET ADDRESS 665W 2857 AMHY HIVIEHH FI 33010 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reofever or trustee empowered to execute this report as required by Chapter 617, 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.

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