

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002070

1. Entity Name

SUPPORT TRUCKING GROUP INC.

Principal Place of Business

6436 S.W. 13TH ST  
MIAMI FL 33144

Mailing Address

6436 S.W. 13TH ST  
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0998034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUAS, ORESTES  
6436 S.W. 13TH ST  
MIAMI FL 33144

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME GUAS, ORESTES  
STREET ADDRESS 6436 S.W. 13TH ST  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE V  
NAME RODRIGUEZ, JOSE  
STREET ADDRESS 6436 S.W. 13TH ST  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE ST  
NAME CASTILLO, LORENZO  
STREET ADDRESS 6438 S.W. 13TH ST  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE D  
NAME PEDROSO, FAUSTO  
STREET ADDRESS 4433 NW 203 TR  
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

TITLE D  
NAME VERDAYES, GOVARDO  
STREET ADDRESS 431 E 28TH ST APT 6  
CITY-ST-ZIP HIALEAH FL 33013 ☒ Delete

TITLE D  
NAME NEGRETE, JOSE B  
STREET ADDRESS 665 W 28TH STREET APT #4  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE D  
NAME EDUARDO VERDAYES  
STREET ADDRESS 6436 SW 13TH ST  
CITY-ST-ZIP MIAMI FL 33144 ☒ Change ☐ Addition

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

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

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

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

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

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 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.

SIGNATURE:

EDUARDO VERDAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23-2002 3056965280

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90040 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)