

2006
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90089 042 ***150.00

DOCUMENT #

P05000004951

1. Entity Name

ABIDING PEACE LOGISTICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2852 NW 132 STREET

Suite, Apt. #, etc.

1422

3. Mailing Address

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

Zip

Country

Zip

Country

33054

MIAMI DADE-

4. FEI Number

20-2133356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BOAZ STRAPP

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

2852 NW 132 STREET # 1422

City

OPA-LOCKA

FL

Zip Code
33054

**DO NOT WRITE
IN THIS SPACE**

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.

MAR 06 2006

SIGNATURE:

BOAZ STRAPP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT / DIRECTOR

BOAZ STRAPP

2852 NW 132 STREET # 1422

OPA-LOCKA, FL 33054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOAZ STRAPP, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 06 2006

786-295-3719

Date

Daytime Phone

CR2E034B (12/01)