

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **376693**

1. Entity Name  
**Oakfeed Store, Inc.**

Principal Place of Business Mailing Address  
**Miami, Florida 2911 Grand Avenue**  
**Coconut Grove, FL 33133**

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 **59-1353395** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Sanford Pukel**  
**2911 Grand Avenue**  
**Coconut Grove, Florida 33133**

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 reissuing)

DATE

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

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
|----------------------|----------------------|--------------------------|-------------------------------------|---------------------------------|
| <b>P, VP &amp; T</b> | <b>Sanford Pukel</b> | <b>2911 Grand Avenue</b> | <b>Coconut Grove, Florida 33133</b> | <input type="checkbox"/>        |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |
| TITLE                | NAME                 | STREET ADDRESS           | CITY-ST-ZIP                         | <input type="checkbox"/> Delete |

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

**500003417905--6**  
**-10/09/00--01006--003**  
**\*\*\*\*\*550.00 \*\*\*\*\*550.00**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 Block 12 if changed, or on an attachment with an address, with all other true information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

**LS**

Signature Required

**FILED**

**00 SEP 26 PM 2:22, .**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE