

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90020 034 \*\*\*150.00

**DOCUMENT # P93000036369**

1. Entity Name  
**OAKFIELD GROCERY N. P., INC.**

Principal Place of Business 6680 NORTH PALAFOX ST. PENSACOLA FL 32503	Mailing Address 6680 NORTH PALAFOX ST. PENSACOLA FL 32503-7445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3181497</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>PHAM, TRUONG</b> <b>6680 NORTH PALAFOX ST</b> <b>PENSACOLA FL 32503</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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]* DATE 1-05-2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHAM, TRUONG</b>	NAME	
STREET ADDRESS	<b>2905 LOGAN DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NGUYEN, THOA</b>	NAME	
STREET ADDRESS	<b>2905 LOGAN DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NGUYEN, QUANG</b>	NAME	
STREET ADDRESS	<b>238 CREEK VIEW DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHAM, TOAN</b>	NAME	
STREET ADDRESS	<b>238 CREEK VIEW DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1-05-2000 (850) 478-9586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)